

ALEXANDRIA SUBDIVISION HOMEOWNERS' ASSOCIATION

PO Box 1255
EAGLE, ID 83616

ARCHITECTURAL COMMITTEE – REQUEST FORM

THIS FORM MUST BE FILLED IN COMPLETELY!

DATE: _____ HOMEOWNER'S NAME: _____

ADDRESS: _____ LOT: _____ BLOCK: _____ PHASE: _____

HOME PHONE: _____ WORK #: _____ CELL #: _____

ESTIMATED START DATE: _____ ESTIMATED DATE OF COMPLETION: _____

APPLICATION FOR:

- NEW CONSTRUCTION BUILD JOB** - (Full building plans required with submission)
- LANDSCAPE PLAN** - (A full landscape plan must be submitted with a new construction job and with any modifications or additions to existing landscaping. Must include picture of planned landscape placement.)
- REMODEL OR ALTERATION** - (Application should have concise language. Satellite Dishes must include size/color of dish)
- PAINT CHANGE** - (Must include color chip/color brand/color name)
- FENCE INSTALLATION** - (Must include picture/fence type/size/placement)
- ROOFING** - (Must include manufacturer/color/material)
- OTHER** - (Explain below in detail - Must include picture and/or plans)

All builders, contractors, painters, landscapers, etc. must attach a copy of their worker's comp and liability insurance certificates to this form before it can be approved. Homeowner is responsible for local municipality compliance.

BUILDER: _____ COMPANY: _____ ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

DESCRIPTION OF REQUEST: _____

I will comply with the decision of the Architectural Committee and/or the Board of Directors.

OWNER'S SIGNATURE: _____ **DATE:** _____

PLEASE ATTACH DIAGRAMS/COLOR SAMPLES/PICTURES/ETC. USE OTHER SIDE OF THIS PAGE IF MORE ROOM IS NEEDED.

****PLEASE DO NOT WRITE BELOW THIS LINE – FOR ARCHITECTURAL COMMITTEE USE ONLY****

DATE RECEIVED BY ARCHITECTURAL COMMITTEE: _____

	APPROVED
	APPROVED WITH CONDITIONS
	NOT APPROVED

ARCHITECTURAL COMMITTEE MEMBER: _____ DATE: _____

ARCHITECTURAL COMMITTEE MEMBER: _____ DATE: _____

ARCHITECTURAL COMMITTEE MEMBER: _____ DATE: _____