



HOMEOWNERS' ASSOCIATION

Architectural Compliance Committee Request Form

Owner's Name

Date

Street Address

Home Phone

Cell Phone

Email Address

Best Method of Contacting You

Best Time of Day to Contact You

Plans are being submitted for (please select)

		Brief Description	Permit Required? Enter Y or N	Permit Obtained? Enter Y or N
<input type="checkbox"/>	Repaint Residence			
<input type="checkbox"/>	Fence Stain			
<input type="checkbox"/>	Landscape Related			
<input type="checkbox"/>	Outdoor Lighting			
<input type="checkbox"/>	Additions			
<input type="checkbox"/>	Other			

Contractor Name (if applicable) _____

Address

City

State

Zip

Phone

License Number

License Expiration

Detailed description of work to be performed (use additional sheets for drawings)

Types of materials to be used (attach brochures, samples if available)



Colors to be used (attach paint chip samples and the description of trim/doors/siding/accent applications for multiple shades and colors)

Additional Information

An accurate drawing must be attached to this form using your lot dimensions and showing the exact location of the proposed improvement(s). INCOMPLETE SUBMITTALS WILL BE RETURNED.

The Homeowner agrees to maintain any approved improvement(s) in accordance with the LaCrosse Homeowner's CC&R's and Rules and Regulations.

The LaCrosse Homeowners' Association Board of Directors and Architectural Review Committee is approving or denying the proposed improvement(s) on a cosmetic basis as it relates to their interpretation of the LaCrosse Homeowner's CC&R's and Rules and Regulations. Approval by the Architectural Review Committee, the LaCrosse Homeowners' Association Board of Directors shall not be deemed a warranty or representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that the work conforms to any applicable building codes or other federal, state or local statute, ordinance or rule regulation. The Homeowner agrees to comply with all city, county and state regulations (or others as applicable) as it relates to the proposed improvement(s).

X

Signature of Homeowner *Date*

For Architectural Review Committee purposes only:

APPROVED _____ Project must be **completed** within _____ days.

DISAPPROVED _____

Reason _____

APPROVED – Subject to the following conditions:

X

Signed *Date*

X

Signed *Date*