



# ARCHITECTURAL CHANGE REQUEST APPROVAL FORM

NAME: \_\_\_\_\_ ARF# \_\_\_\_\_ Lot \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

**THIS APPROVAL SIGN MUST BE POSTED ON JOB  
SITE SO IT CAN BE SEEN FROM STREET**

APPROVAL DATE: \_\_\_\_\_  
REQUIRED COMPLETION DATE: \_\_\_\_\_  
EXTENSION GIVEN: \_\_\_\_\_



**IT IS REQUIRED THAT THIS FORM BE RETURNED TO  
THE HOMEOWNER'S DROP BOX UPON COMPLETION  
OF WORK.**

***DROP BOX IS AVAILABLE ON CUL-DE-SAC  
AT END OF BERRY BROOK DR.***

ACC/Member Assigned: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ARCHITECTURAL COMMITTEE CHAIRMAN  
CAN BE REACHED AT: (253)905-9246**