

Maple Hill Homeowner's Association

Homeowner's Request for Approval of Architectural Change

HOMEOWNER: _____

ADDRESS: _____ LOT: _____

TELEPHONE: H: _____ C: _____ W: _____

DESCRIPTION OF IMPROVEMENTS: _____

Will this project be contracted? yes () no () **Is a Building Permit required?** yes () no ()
Company Name: _____ Phone: _____

Approximate Start Date: _____ Estimated Completion Date: _____

Items Attached: Drawing () Sketch () Plot Plan () Material Samples () Photo ()

Review will be made and approval or disapproval will be forthcoming within 15 days unless more information is required.

DO NOT initiate any changes until approval is given by the Architectural Director and/or the Board of Directors.

ARCHITECTURAL DIRECTOR REMARKS

Project is approved as submitted: ()

Project is approved with conditions () Conditions for approval: _____

Additional Information is Requested: () _____

Project is NOT APPROVED () Comments: _____

Signature: _____ Date: _____
Architectural Director

Leland Cantrell (Architectural Director)
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