

REFLECTION RIDGE OWNERS ASSOCIATION, INC.

ARCHITECTURAL CONTROL COMMITTEE
REQUEST FORM

DATE ____ / ____ / ____

1. OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

2. CONTRACTOR'S NAME: _____

PHONE: _____

3. START DATE: ____ / ____ / ____

COMPLETION DATE: ____ / ____ / ____

4. DESCRIPTION OF IMPROVEMENTS:

5. DESCRIPTION OF MATERIALS:

Please attach other appropriate information such as plot plan (required for exterior additions/modifications of the building's foot print, landscaping, fencing, and/or outbuildings), elevations, pictures, brochures, architectural plans, etc. Include dimensions, lot line set backs, color choices, etc. to make sure that there is enough information to properly evaluate the project.