

ARCHITECTURAL CONTROL COMMITTEE REQUEST FORM-
AWNING INSTALLATION/RE-INSTALLATION

DATE ____ / ____ / ____

1. OWNER'S NAME: _____
MAILING ADDRESS: _____
PROPERTY ADDRESS: _____
PHONE: _____
EMAIL ADDRESS: _____
2. MODIFICATION OR ADDITION REQUESTING:
 AWNING INSTALL
 AWNING RE-INSTALL
3. INSTALLER'S NAME: _____
4. INSTALLER'S PHONE NUMBER: _____
5. TYPE OF AWNING: _____

PLEASE MAKE SURE YOU HAVE ATTACHED/INCLUDED ALL OF THE FOLLOWING
INFORMATION:

- A COMPLETED REQUEST FORM
- A PHOTO SHOWING THE STYLE OF AWNING
- A COPY OF A NO LEAK WARRANTY FROM THE INSTALLER. PLEASE NOTE, THE WARRANTY IS NECESSARY FOR APPROVAL OF INSTALLATION.

Installation is not permitted to commence until the application has been reviewed and approved in writing by the ACC.

PLEASE NOTE: homeowners will be responsible for any roof leak caused by the installation of the awning.

For Office/Committee Use Only:

Date Submission Received: _____ Reviewed By: _____ Date: _____

Approved

Approved
w/Stipulations

Denied

Denied - Insufficient
Information

Stipulations, if applicable: _____

