

EXTERIOR PAINT ARCHITECTURAL MODIFICATION REVIEW REQUEST

om: (Owner's Name)		LOI #
ddress:	Cell Phone:	
ome Phone: ·mail Address:	Cell Phone:	
pproval is hereby requested to now approved color from HO.	o make the following modification(s), as of A Approved Paint schemes for each of the	described below: ne following:
2) Raised Stucco Bands:		<u>.</u>
3) Front Door(s):		
4) Garage Door:		
5) Shutters:		
6) Fascia – Same as Raise Rug)	ed Stucco Bands	(Exception would be Bea
	tion is not completed as approved, said and to be addressed at the owner's expense.	cont of each line item: pproval can be revoked and the
2. To comply with all s 2. To comply with all s 3. That I am responsibe painting. 4. If the Association in e., a licensed Architect/Engin 5. Should the HOA hav	d to be addressed at the owner's expense. state, county and city building codes to olde to pay for any repair and all damage(s) neurs an expense while considering the applicant will be responsible for we to seek outside consulting, the HOA w	pproval can be revoked and the btain necessary permits if applicable. done to the common areas as a result oplication with an outside professional said fee within 30 days notification.
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