<u>Carriage Hills Planned Development Association</u> <u>Application for Architectural Review</u>

PROPERTY OWNER: (Print)_						
PROPERTY ADDRESS:						
DAY TELEPHONE:	EVENING TEL	LEPHONE:				
Brief Description of Request: (Include 3 color copies of schem	· —	_				
() Room Addition () Landscape or Planting () Hardscape () Other						
Description:						
Signature:	 Date Suhm	nitted:				
Approval of this request does not a governmental agencies involved. approved copy of this form will be copy. Return this for	alleviate the applicant fro This request must be ap returned to the applicar	om obtaining the necessary but oproved prior to any work be nt and the Architectural Commi gement & Support Services, Ind e Avenue N 91709	ilding permits from ing conducted. An ittee will retain one			
	ARCHITECTURAL	COMMITTEE				
Date Received:	Approved	Conditional Approval	Disapproved			
Conditions of Approval:						
Three Signatures Required:						
Authorized Signature		Date				
Authorized Signature		Date				
Authorized Signature		Date				

<u>Carriage Hills Planned Development Association</u> <u>Application for Architectural Review</u> <u>Neighbor Acknowledgement Form</u>

Prope	rty Owner (Print):					
PROPE	ERTY ADDRESS:					
pay att constitu these v	ention to details in all dra utes <u>acknowledgement</u> , no	vings, schematics, etc. v t <u>approval</u> . Should you iling, note your objection	which may a object to a ns in the "C	affect you. In y of the ap omments" s	Applicant's plans. Be sure to Note: Your signature plicant's plans, try to resolve ection and/or communicate	
Lot	Address	Name (Print)	Initial	Date	Comments	
Typic	al Orientation of N	eighbor Lots Requ	uired for	Plan Ack	knowledgement	
	Lot	Lot	Lot		Lot	
	Lot	Applica	Applicant		Lot	
		Street				
	Lot	Lot			Lot	