

Creekside Townhomes

Design Review Reporting Form

For Office Use Only

Date Rcvd MS: _____
Critical Date: _____
Date Sent to ACC _____
Date Rcvd From ACC _____
CM/CA _____

Name: _____ Association: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

My request involves the following type of improvement:

- Painting Deck/Patio Slab Roofing Drive/Walk Addition
 Landscaping Patio Cover Room Addition Basketball Backboard
 Fencing Other _____

Describe Improvements:

Planned Completion Date: _____

I understand that I must receive approval of the Architectural Control Committee (ACC) in order to proceed. I understand that ACC approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval. I have read the instruction sheet and will comply.

Date: _____ Homeowner's Signature: _____

ACC Action

- Approved as Submitted
 Approved subject to the following Requirements:

Disapproved for the following reasons:

Completion required by: _____

ACC Member Signature: _____ Date: _____