

## EDGEWOOD ESTATES HOMEOWNERS' ASSOCIATION

c/o Development Services Inc 9601 W State St #203 Boise, ID 83714 208-939-6000 FAX 939-6118

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## ARCHITECTURAL COMMITTEE – APPLICATION FORM THIS FORM MUST BE FILLED IN COMPLETELY!

DATE:		Owner email a	ddress:			
HOMEOWNE	:R'S	NAME:				
ADDRESS:_			LOT:	BLOCK:	PHASE	
HOME PHONE:		WORK #:		CELL #:		
ESTIMATED	STA	RT DATE:ESTIM/	TED DATE C	F COMPLETIO	N:	
APPLICATIO	ON FO	DR:				
		NEW CONSTRUCTION BUILD	JOB	•		
		LANDSCAPE PLAN - (Must inclu	ıde picture of	planned landsc	pe placement)	
		REMODEL OR ALTERATION -	Satellite Dish	es – Must includ	le size/color of dish)	
		PAINT CHANGE - (Must include	e color chip/c	olor brand/colo	name)	
		FENCE INSTALLATION — (Mus	t include picti	are/fence type/s	size/placement)	
	ROOFING — (Must include manufacturer/color/material)					
		OTHER — (Explain below in detail - Must include picture)				
BUILDER:		c	OMPANY:			
ADDRESS:						
PHONE:		CELL:		FAX:		
		OF REQUEST:				
PLEASE AT	<b>TACH</b>	DIAGRAMS/COLOR SAMPLES/PIC			OTHER SIDE OF THIS	
		PAGE IF MORE RO				
DATE RECE	TVFF	BY ARCHITECTURAL COMMIT	FEE:			
П		PROVED AS SUBMITTED				
_		PROVED WITH CONDITIONS - (	See Attached	Conditions)		
			occ reconne			
	NU	T APPROVED - (See Attached)				
ARCHITEC	TUR/	AL COMMITTEE MEMBER:			DATE:	
		AL COMMITTEE MEMBER:				
ARCHITEC	TUR	AL COMMITTEE MEMBER:			DATE:	