AMBERWOOD

Architectural Review and Approval Application

Date:	Owner Name:_				
Property Address:		Lot	Block	Phase	
Email:		Phone:			
Briefly describe arch	itectural change/addition in th	e space below. Attach dr	awings and pa	int samples.	
Fencing reqHome additiDecks/lands	nt changes, please attach color uires an onsite meeting with co ons and extensive landscape ch scaping/patio/spas/driveway a lding Department. Prior appro	ntractor & homeowner p nanges require a set of pl and roof replacement may	orior to approv ans and specs. y require a per	al.	
Description of Reque	est:				
	t: Surrounding neighbors in vie ified of you plans and their app ———————————————————————————————————			and across the	
SIGNATURE	ADDRESS	COMMENT			
SIGNATURE	ADDRESS	COMMENT			
this is an approval to co	tion, I understand that approval fron mply with the CC&Rs and in no way ovement. All local codes and laws ar	does this approval have any l	l is required. I al pearing as to the	so understand that safety, soundness, or	
Owner Signature:	wner Signature:		Date:		
ALL APPRO	VALS WILL BE IN WRITING. VER	BAL APPROVAL WILL NOT	Γ BE CONSIDER	ED VALID.	
	FOR AC C	OMMITTEE USE:			
Appr	oved Approved	with modification	Not app	proved	
Comments:					
BY:		DATE:			
On Behalf of the AC C					
BY:		DATE:			
On Behalf of the AC C	ammittaa				