PLANE TREE TOWNHOUSE HOMEOWNERS' ASSOCIATION ARCHITECTURAL APPROVAL FORM

TO: Archite	ctural Review Committee
From:	Date Submitted:
Address:	Phone:
Request the fo	lowing architectural change be authorized:
DESCRIPTION	
SPECIFICATIO	NS (specify all that apply)
Model:	
Color:	
Height:	
Materials:	

Drawing/Plan/Photo (attach if more space is necessary)

Applicant hereby warrants that Applicant shall assume full responsibility for:

- A. All landscaping, grading, and/or drainage issues relating to the improvements (including replacing bonds or escrows posted by the Developer currently in place affect the Lot);
- B. Obtaining all required Town or County ordinances relating to said improvement;
- C. Complying with all applicable Town or County ordinances;
- D. Any damage to adjoining property (including common area) or injury to third persons associated with the improvement.

TO: FROM:	Homeowner Architectural Review Board			
Your request for a	architectural change is hereby Approved	/	Disapproved	
If disapproved, fo	r the following reason(s):			