

SUNWOOD LAKES HOMEOWNERS' ASSOCIATION, INC

Attn: Architectural Control Committee
8005-1 Thurlake Circle SE, Olympia WA 98513
Office: 360-491-9250 Fax: 360-491-0415

Date Received _____

Initial _____

REQUEST FOR PROPERTY/RESIDENCE ALTERATION

OWNER'S NAME: _____ LOT #: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ CELL: _____

LOCATION OF ALTERATION:

STREET ADDRESS (If different from mailing): _____

TYPE OF ALTERATION: _____

THE FOLLOWING MUST ACCOMPANY THIS REQUEST:

Exterior design including color chips of paint/stain for house and trim.

AND/OR

Diagram showing location of house, driveway, and septic on the lot, distance to all lot lines indicating location of open spaces (green belts) and neighbor's property.

START DATE (At least 30 days from receipt of request): _____

Construction projects must be complete within 10 months of start date.

No construction, including site preparation, will commence until applicant receives oral/written notification of project approval. It is the responsibility of the applicant to ensure compliance with any required County codes and to ensure any proposed project is within legal property lines. Failure to do so could require the removal of a completed project.

Your signature indicates receipt of the Home Improvement Guidelines and an understanding of these requirements, the Association Bylaws and Covenants, Conditions and Restrictions, and your agreement to abide by them in full.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR ARCHITECTURAL CONTROL COMMITTEE USE

<u>MEMBER NAME</u>	<u>SITE VISIT DATE</u>	<u>APPROVED DATE</u>	<u>NOT APPROVED DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Reason(s) for not approving (Please make changes and resubmit):

1ST Req - Notification Date: _____ Initials: _____ 2nd Req - Notification Date: _____ Initials: _____