

Thompson Draw II

Architectural Review Committee Request for Approval

Name _____

Cabin address _____

Home address _____

Best Phone Number _____

General description of planned changes:

Estimated Start Date _____ Estimated Finish date _____

Work to be performed by:

Are there any trailers or motor homes to be parked on the property? _____

If yes, explain:

Are there any extenuating circumstances of which the TDII architecture committee and/or BOD should be aware of?

Owner's Signature

Date _____

In order to process your request, attach all detailed drawings or blueprints of the proposed changes or additions. Specify placement, dimensions, materials and colors to be used.

All county and or city permits are the responsibility of the cabin owner to obtain.

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*****FOR BOARD OF DIRECTORS USE ONLY*****

Date Received _____

Date Approved _____

Date Disapproved _____

Reason for disapproval

Additional Comments-

Signed

Secretary

President