

**ARCHITECTURAL REVIEW APPLICATION
PINE HILL RESIDENTS, INC.**

NAME _____

ADDRESS _____

DATE SUBMITTED _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

****APPLICATION MUST INCLUDE A PLAN DRAWN TO SCALE (2 copies)**

GENERAL DESCRIPTION OF PROPOSED CHANGE, provide a description of the proposed change, including the purpose or reason for the change, type and color of materials to be used, location within the Unit and any other pertinent information for evaluation of the proposed change.

Description of change _____

Description of materials

Description of color (attach color chips)

(Use additional paper if needed)

For Association use only:

_____ Approved _____ Not Approved _____ Conditional Approval

Signature of Committee Chair _____ Date _____