

TOURAINÉ

Application for Permission to make Architectural/Landscape Changes

Date Received: _____

Application #: _____

1. Name: _____ Lot #: _____
Address: _____

2. Description of Proposed Work:

3. Estimated Start Date: _____ Estimated Completion Date: _____
(Within 90 days of approval)

4. Acknowledgement of property owners who are adjacent or have a view of the proposed work.

Name: _____	Lot #: _____	Date: _____
Name: _____	Lot #: _____	Date: _____
Name: _____	Lot #: _____	Date: _____
Name: _____	Lot #: _____	Date: _____
Name: _____	Lot #: _____	Date: _____

Note to Other Property Owners: Your signature does not constitute your approval. It indicated only that you are aware of the applicant's intention.

Owner's Signature: _____ Date: _____

FOR BOARD OF DIRECTOR'S USE ONLY: Approved: ___ Disapproved: ___ Date: ___

Initials of Board of Director Members: ___ ___ ___

Conditions of Approval:
