

LAKWOOD HOMEOWNERS' ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE

HOMEOWNER REQUEST FOR CHANGE

Name _____ Date _____

Address _____ Phone _____

Description of proposed change or addition to your property: (Please use the back of this form if additional space is needed). **Please attach any pictures, site plans, drawings, etc. as appropriate.**

Name of company performing work: (if applicable) _____

Anticipated Start Date: _____ Completion Date: _____

ANY MODIFICATION TO APPROVED PLANS MUST BE SUBMITTED TO ARC FOR REEVALUATION AND APPROVAL BEFORE PROPOSED CHANGE TAKES PLACE.

Homeowner Signature: _____

Date request received by ARC: _____	By: _____
ARC Comments/Stipulations: _____	

The above request has been Approved _____ Disapproved _____	
By: _____	Date _____
_____	Date _____
_____	Date _____

Note: Approval by the ARC does not relieve the homeowner of the responsibility of complying with all city, county, state or federal codes. Violation of the codes is the full responsibility of the homeowner.