Tiger Lake Owners Association

Architectural Review Committee

Request For Review Of Architectural Modification

Please Mail Or Deliver To Any Of The Committee Members Listed Below

Request Date:				
Owner:	Unit	Number:		
Day Phone #:	Ever	Evening Phone #:		
Estimate Start Date:	Estin	Estimate Completion Date:		
Approval is hereby reque addition(s) as described I details as the dimensions. Please contact the Archit assistance.	below, or on additiona , materials, color, desi	l pages as : gn, locatio	necessary. Plean and any other	se include such pertinent data.
Description:				
Signature Of Owner:				
Signature Of Owner: Committee Action:		Yes	No	
		Yes	No	
Committee Action:		Yes	No	
Committee Action: Approved As Requested	Requested	Yes	No	
Committee Action: Approved As Requested Additional Information I	Requested	Yes	No	
Committee Action: Approved As Requested Additional Information I Approval Subject To Con	Requested	Yes	No	
Committee Action: Approved As Requested Additional Information I Approval Subject To Con	Requested	Yes	No	
Committee Action: Approved As Requested Additional Information I Approval Subject To Con Conditions:	Requested		No 1434 Tiger Lake	
Committee Action: Approved As Requested Additional Information I Approval Subject To Con Conditions: Committee Members:	Requested nditions	1		