

EAGLE RIDGE REQUEST FOR ARCHITECTURAL CHANGE

Complete and send to Al French AFrencharchitect@aol.com

Owner's Name: _____
Address: _____
Phone Number: _____
Email: _____

Contractor: _____
Phone No.: _____
Subdivision: _____
Lot: _____ Block: _____ Phase: _____

Select the BOX that applies or select OTHER and describe the project in detail. Attach a drawing if applicable

FENCE

Material: _____
Height: _____

Style: _____
Color: _____

HOUSE SIDING/PAINT

Material: _____

Color: _____

STORAGE SHED

Roofing Material: _____
Siding Material: _____
Flooring Material: _____
2 X 4 Construction: _____
Does it match your home: Yes: _____ No: _____

Color: _____
Color: _____
Other: _____
Other: _____

PATIO COVER

Roofing Material: _____
Other Material: _____
Size: _____

Color: _____
Color: _____
Other: _____

Does it match your home: Yes: _____ No: _____

LANDSCAPING: _____

Submit Plans: _____

OTHER: (Misc.) _____

Estimated Start Date: _____

Completion Date: _____

PLEASE attach:

1. Plot plan showing setbacks, fence lines and position of building(s)
2. Set of drawings
3. Pictures or brochures if applicable **NOTE: Please be as descriptive as possible and attach any helpful information**

OWNERS SIGNATURE:

DATE:

Architectural Committee Signature

Approved/Disapproved: _____ Date: _____

Not approved because / Approved with the following guidelines: _____

Please submit to: Al French VIA Email afrencharchitect@aol.com or drop off at the information center
Questions call Al French PHONE: (509) 489-1331 Cell (509) 994-4351

NOTE: OWNER ASSUMES RESPONSIBILITY FOR OBTAINING ALL NECESSARY BUILDING PERMITS UPON APPROVAL. ALL REQUESTS ARE EVALUATED FOR CONFORMITY WITH EXISTING ARCHITECTURAL AND AESTHETIC CONDITIONS.