ARCHITECTURAL REVIEW COMMITTEE CONSENSUS

Name of homeowner: _____ Date_____

Address: _____

Nature of work to be done: (Please include detailed plans, paint samples, etc. to help the Committee arrive at a decision)

_____

_____

_____

_____

Two Committee members' signatures required for any action

____Approved **___Approved**

____Disapproved (state reasons) **___Disapproved**

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Name_____Name_____

Signature_____Date_____ Signature_____Date____