

Woodland Park Improvement Association, Inc REQUEST FOR ARCHITECTURAL APPROVAL

Please complete this form in specific detail and attach further description, plans, pictures, and/or sketches to best describe the request and avoid response delays.

HOMEOWNER:	LOT #:
ADDRESS:	
PHONE #:	EMAIL:
Description of Project:	
Location on Property:	
Materials to be used:	
Dimensions:	
Colors:	
Est. Start Date:	Est. Completion Date:
Work to be Performed By:	
* confirm Property Manage Email the application If approved, the Homeowner agrees the improvement is not as agreed maintain the improvement with the Facounty and	Park Improvement Association, Inc. er contact information and address prior to delivering. ation to WoodlandPark@WeAreVision.com to maintain the improvement. If, in the view of the Board of Direct I or not being maintained, the HOA reserves the right to remove or Iomeowner bearing all costs. Homeowner agrees to comply with of state laws and obtain any necessary permits.
Signature of Hor	neowner Date
	TO BE COMPLETED BY HOA REPRESENTATIVE:
Approved	Denied Approved subject to the following condition
HOA Represe	ntative Date