

Kelly Ridge Estates Owners Association Architectural Control Request Form

Owners Name _____ Date _____

Property Address _____

Telephone _____ Email _____

Contractors Name _____ License No _____

Business Address _____

Telephone _____ Email _____

Describe type of work being done

Check all applicable boxes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel Construction | <input type="checkbox"/> Fencing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Retaining Walls | <input type="checkbox"/> Drainage Problem |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Windows Replacement | <input type="checkbox"/> Carport | <input type="checkbox"/> Other |

Colors: Exterior Walls _____

Roofing _____

Board Reviewed Yes

Date Approved _____

No

Date Completed _____

Date Reviewed _____

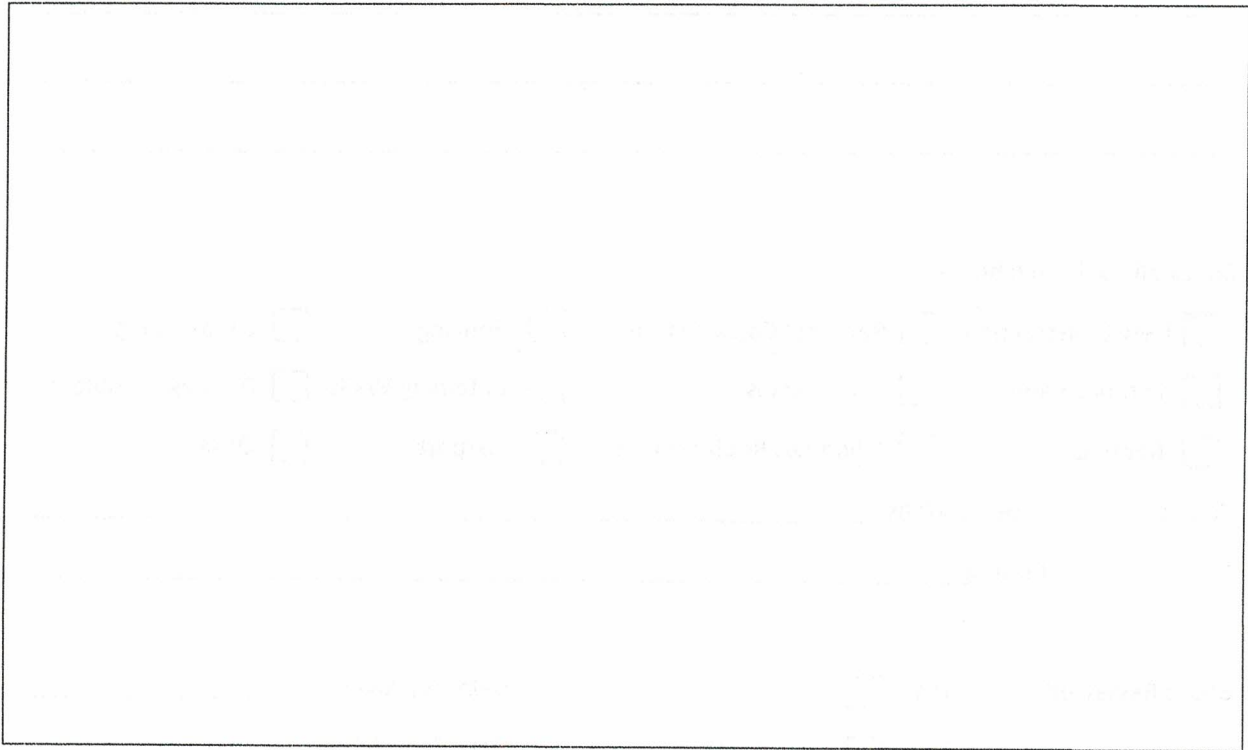
By _____

KREOA Architectural Control Director

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Architectural Control Committee Recommendations

Attach picture(s)



Date _____

By _____
KREOA Architectural Control Director