Steeplechase West HOA Architectural Control Form

| NAME: | DATE: |
|---------------------------------|---|
| ADDRESS: | PHONE: |
| | nmittee to approve the following (check the one that best applies): AdditionRepair to my unit |
| Nature of work to be performed: | |
| | |
| | |
| | |
| Location: | |
| Dimensions: | |
| Work to be performed by: | |
| Contractor(s): | |
| Address/Phone #: | |
| Estimated Cost: Labor \$ | Materials \$ |
| Estimated Starting Date: | Estimated Completion Date: |
| | vledges and agrees that any additions, improvements, repairs or sibility of the homeowners and his/her heirs shall be fully responsible fo e. |
| Owner's Signature: | Date: |
| | |
| FOR COMMITTEE USE ONLY | |
| Reviewed by: | |
| | Date: |
| | Date: Date: |
| | Date: Date: |
| ApprovedDenied | Additional Information Needed (See separate sheet) |
| Final Inspection by: | Date: |