## BAKERS CROSSING HOMEOWNERS ASSOCIATION, INC.

## **ARCHITECTURAL REVIEW COMMITTEE APPLICATION**

Date of Application:	Project Start Date:	Completion Date:
Owner's Name:	E-ma	il Address:
Address:	Pho	ne Number:
their home or property, submit city/county approvals does not the right to investigate applicat	an application to the Architectural constitute approval by the Associatio ions and inspect material prior to pro-	that any homeowner considering improvements or alterations of Review Board (ARB) <b>PRIOR</b> to beginning work. Receipt of n and is not approval for you to begin work. The ARB reserve occessing the request. If any change is made that has <b>NOT</b> bee equire you to <b>REMOVE</b> the improvements from your property
Type of work to be approved	<b>d</b> : (check all that apply)	
Fence Pool Room	f Landscape Ext. Pa	int Color Play Equipment Other
<b>Description of work</b> : (include	e any survey, samples, drawings, o	etc. necessary for your project)
I agree not to begin any wor	k until I receive approval from	the ARB:
	k until I receive approval from	
Homeowner's signature	D	
Homeowner's signature ********************************	D	Date:
Homeowner's signature ********************************	D	Pate:
Homeowner's signature ********************************	D	Pate:
Homeowner's signature ********************************	D	Pate:
Homeowner's signature ********************************	D	Pate:
Homeowner's signature	E	Pate:
Homeowner's signature	C	Pate:
Homeowner's signature ********************************	E	Pate: