

HAZELWOOD HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW APPLICATION

DATE: _____

NAME: _____

PHONE NUMBER: _____

DESCRIPTION OF IMPROVEMENT: (Please include any drawings or plans)

AFFECTED NEIGHBORS SIGN OFF:

<input checked="" type="checkbox"/>	Print Name	Signature
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

For Board Use Only

APPROVED

DENIED

APPROVED WITH CONDITIONS

DEFERRED

CONDITIONS: _____

COMMITTEE MEMBER: _____

DATE: _____