FOXMOOR HOMEOWNER'S ASSOCIATION

REQUEST FOR ARCHITECTURAL CONTROL COMMITTEE APPROVAL

NAME	DATE
ADDRESS	PHONE
PLEASE DESCRIBE YOUR PROPOSED CHANGE, ADDITION, OR ALTERATION IN DETAIL:	
(Please attach illustration, materials, blue paint color, a paint sample should be pro	eprints/drawings with dimensions, photographs, etc. For approval of a vided.)
PROJECT TO BE PERFORMED BY	': Homeowner Contractor Name:
NOTE: NO CONTRACTOR SIGNAGE	IS ALLOWED IN THE YARD.
All submitted materials remain the	ee's decision within 15 days from the receipt of your request. property of the Association. Also, regarding patios, decks, pproval or permits may be required from Johnson County, sibility to obtain.
Bill Steele, 1607 Fo Linda Libs, 629 Fox	one of the following ACC members: xmere Way, 317 885-5869 xmere Terrace, 317-667-6077 330 Foxmere Way, 317-430-1344
SET FORTH IN THE DECLARATION OF C BYLAWS. I UNDERSTAND THAT IF I MAI	READ AND UNDERSTAND THE ARCHITECTURAL CONTROL STANDARDS OVENANTS, CONDITIONS AND RESTRICTIONS AND THE CODE OF THE KE ANY CHANGE(S) TO THE APPROVED PLAN, I WILL BE REQUIRED TO APPROVAL THAT INCLUDES THOSE CHANGES. UN-APPROVED NULL AND VOID.
Homeowners' signature	
FOR COMMITTEE USE ONLY: DO NOT WRITE	: BELOW THIS LINE
	APPROVED AS SUBMITTED DEFERRED DENIED ADDITIONAL INFORMATION REQUIRED
REASON FOR NON-APPROVAL: _	
DATE OF COMMITTEE ACTION:APPROVAL. PROJECT	(NOTE: WORK MUST BE STARTED WITHIN 30 DAYS OF ISSUANCE OF MUST BE COMPLETED WITHIN 90 DAYS FROM DATE OFCOMMITTEE ACTION).
SIGNED	DATE:
	DATE:
	DATE: