REQUEST FOR DESIGN APPROVAL LAS ARBOLEDAS HOMEOWNERS ASSOCIATION ARCHITECTURAL CONTROL COMMITTEE

(PLEASE PRINT)

(FLLF	OL FRINT)			
Owner Name	Date:			
Property Address				
Mailing Address (if different)				
Work Phone	Home Phone			
Email Address				
On page 2 of this form, please describe the proposed changes or additions to your property. Please include a copy of your property plat and indicate the exact location of proposed change or addition, distance to property lines from proposed change or addition, dimensions of backyard property and relevant surrounding features. Also, this request must include a sketch with the following information: style, dimensions, materials, color of the proposed change or addition, and the proposed construction time schedule and contractor, if any. Requests for repainting must include a color sample. Submitted material will not be returned. Should the committee require additional information, your request will be deferred until additional information is received.				
Notes:				
 Committee. The Committee has thirty days to respond Once approved, the construction must be completed properties. Applicant has responsibility for removal, in a timely made. Construction must meet all zoning, building codes, a zoning, call (505) 924-3850. For information on be contained shall be construed as a wavier or modification. Where applicable, utility easements are to be marked charge by New Mexico One Call, and is required communication, cable TV, electric, gas, water and seven later than two full business days before the day you cables or conduits are severed. 	in a way that does not unreasonably interfere with neighboring inner, of any debris resulting from construction. and City and County laws. For further information regarding uilding permits call (505) 924-3963. Further, nothing herein			
Owner Signature	Date			
Submit this request to:				

Architectural Control Committee; 2823 Richmond Dr NE; Albuquerque, NM 87107

To hand deliver, Call first.

(505) 266-2000; (FAX) 266-0300

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Describe proposed changes or ac	dditions (attach a	dditional sheets if	necessary):
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If approved by the Architectural within days of Noti		tee, the proposed	d improvements will be completed
	hemselves cause tions if necessary	denial. The Ard	ments. We understand that the chitectural Committee may contact Circle: Approve / Object
(Printed Name)			
(6:)	Address:		Circle: Approve / Object
(Signature)	_		
(Printed Name)			
(Signature)	Address:		Circle: Approve / Object
(Printed Name)	-		
Date Received:	FOR OFFI	CE USE ONLY	======================================
Action:			Conditional Approval
Decision Letter sent on :			