	I FOR TRUSTE JST accompany all req	ESTOR DIRECTORSTAPPI ests)	ROVAL	
Date	Lot#	Subdivision		
Owner(s)		Phone		
Address This request is		Zip Code _		
Triis request is	5 101.			
For considera	tion, all submissions m	st include the following information:		
☐ Type o	Type of material used			
☐ Actual	Actual drawing of item with specifications/dimensions			
•	ige Inspection Report of relation to the home.	Stake Survey showing the location of	the proposed	
☐ A desc	ription as accurate as	ossible. (Pictures and drawings are alv	vays helpful)	
Please read y expense.	our Indentures prior to	submitting any requests. This can save	both time and	
Trustees' or D additions. Wh except in the o Under no circu homeowners: planning and If you proceed	ere any question(s) ex case of the Architectur umstances does Trusto submitting requests sh building commissions) d with work without get	pased on style, type, size and location to the Indentures will be used as the descent of Control Committee, whose determinates or Directors' approvals indicate full uld get the necessary governmental (couthorization for all planned work, and all necessary approvals, you may be seen to the control of the c	etermining guide, ition will be final. authorization. All city and/or county	
		ove any unauthorized improvements. to 45 days. Please allow enough time	prior to onset of work.	
	Signature Homeownere notified otherwise, that is alled to:	s Signature s request form along with all pertinent i	nformation should be	
		reek Homeowner's Association		
Architectural Control Committee Denice Turnbow				
	見	1408 Crooked Stick Dr		
		O'Fallon, MO 63366		
This request in		enice127@yahoo.com		
☐ Approv	/ed			
□ Denied	I (reasons outlined belo	v)		
Board of Trus	tees/Board of Directors	Board of Trustees/Board of	Directors	
Signature		Signature		