FOREST PARK HOMEOWNERS' ASSOCIATION, INC ARCHITECTURAL OR LANDSCAPE FORM

Architectural or Landscape Request for review and FPHOA BOD approval per Declaration of Covenants, Conditions and Restrictions, in particular Articles VI and VII. Please review these.

Submit in duplicate to the Architectural Control Committee (See Below) including a copy of the plot plan detailing location of the proposed changes. Include dimensions and color, if applicable.

Please Print in Ink		
NAME		
ADDRESS		
PHONE NUMBER		EMAIL ADDRESS
CONTRACTOR		(if applicable)
can remain until		In be posted on the day that work has commenced and ompleted. It is the homeowners' responsibility to remove n has been removed.
l understand th		other changes <u>cannot proceed</u> until signed approvals are from the FPHOA BOD.
Signature of Homeowner		Request Date
******	*****Architectural Contro	Committee Recommendation************************************
Approval	Disapproval	Other
 (Initials of Archite	ectural Control Committee)	Date
,	ors Action:	
	Disapproval	Other
Board of Director's Approval – Signature(s)		Date