

HOMEOWNER’S ADDITION/CHANGES APPLICATION

Lot No. _____ Date: _____

Homeowner’s Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Change Description: (be specific & detailed) _____

If applicable, please include: (1) Sketch of proposed changes (2) Color chips, materials, sample of color, product photos, etc. with application. **In some cases, a deposit check in the amount of \$350.00 is required. The ARB Chairperson will let you know if that is the case. Deposit checks are held and returned upon approval of the completed project.**

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ARCHITECTURAL REVIEW BOARD USE

<u>Change Request</u>	<u>Deposit Refund</u>
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Partial Refund

Conditions: _____

Chairman, Architectural Review Board Date

***Email the completed form to office@windstonehoa.org or place in the mail slot on the exit side of the guardhouse, ATTN: WRA Business Manager.**

You may also mail the form to: WindStone Residential Association, ATTN: Business Manager, 1724 Holden Farm Place, Ooltewah, TN 37363.

If you have a question, please contact WRA at office@windstonehoa.org or 423-763-1953.