

ARCHITECTURAL REVIEW COMMITTEE **ARCHITECTURAL CONTROL APPLICATION**

In Accordance with the Architectural Review Committee Rules, please submit a description of the planned improvement project. **Please be specific**, include the dimensions, materials, color samples, plans and specifications.

Name: _____

Address: _____

Phone: _____ Date of Submission: _____

Proposed Start Date: _____

Anticipated Completion date: _____

Proposed Improvements: _____

Contractor: _____

(Plan of Lot showing improvement location, dimensions, & description)

~Please Allow up to 30 Days for Approval~

Mail To:

Architectural Review Committee

1421 N. Meadowwood Lane, Ste 200

Liberty Lake, WA 99019

or FAX to: (509) 458-5862 / Attn: Architectural Review Committee

Applicant Signature: _____