**ARCHITECTURAL CONTROL COMMITTEE – DESIGN REVIEW REQUEST FORM**

**One project – or section of big projects – per form please**

**Subdivision (HOA) Name:** Click or tap here to enter text.

**Date Submitted:** Click or tap here to enter text. **Owner’s Name:** Click or tap here to enter text.

**Property Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Request Based on Disability (if applicable):** [ ]  **Supporting documentation enclosed with application.**

[ ]  **Shed** [ ]  **Patio Cover/Extension** [ ]  **Landscaping** [ ]  **Building** [ ]  **Addition Fence** [ ]  **Paint**

**Complete Description of Planned Project:** Click or tap here to enter text.

**Attach the following, as applicable (complete information facilitates processing):**

* Drawing and/or map with dimensional details
* Product brochure and/or picture
* Sample materials
* Paint or stain color chips

**Submit this form & attachments to:** Iron Eagle Property Management Phone: (208) 336-8888

 7215 W. Franklin Road Fax: (208) 345-8777

 Boise, Idaho 83709 Email: amber@ironeaglepm.com

**REVIEW PROCESS (*Allow 2-4 weeks for processing):***

**Date received by Iron Eagle Property Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Via: \_\_\_\_\_\_\_\_\_**

**Date forwarded to committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent Via: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECISION (Include CC&R Sections Where Appropriate):**

[ ]  **Approved, with the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Not Approved, for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ACC Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ACC Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ACC Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date decision received by IEP Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date response letter (copy attached) sent to resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**