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 app	icable): 🛛 Supporting documen	tation enclosed with application.
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□ 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
	1861 E. Overland Road Ste. 110	Fax: (208) 345-8777
	Meridian, Idaho 83642	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):	

Not Approved, for the following reasons: ______

ACC Member Signature:	
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ACC Memb	ber Signature: _	
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Date decision received by IEP Management: _	
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Date response letter (copy attached) sent to resident: _____