ARCHITECTURAL CONTROL COMMITTEE - DESIGN REVIEW REQUEST FORM

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

Subdivision (HOA) Name:		
Date Submitted:	Owner's Name:	
Property Address:		
Phone Number:	Email:	
Request Based on Disability (if appl	icable): Supporting documentat	ion enclosed with application.
☐ Shed ☐ Patio Cover/Extension	n 🗆 Landscaping 🗆 Building 🗆	Addition Fence 🛭 Paint
Complete Description of Planned P	roject:	
Attach the following, as applicable	(complete information facilitates pr	ocessing):
 Drawing and/or map with c Product brochure and/or p Sample materials Paint or stain color chips 		
Submit this form & attachments to:	Iron Eagle Property Management 1861 E. Overland Road Ste. 110 Meridian, Idaho 83642	Phone: (208) 336-8888 Fax: (208) 345-8777 Email: <u>amber@ironeaglepm.com</u>
REVIEW PROCESS (Allow 2-4 weeks Date received by Iron Eagle Propert		Received Via:
Date forwarded to committee:		Sent Via:
DECISION (Include CC&R Sections W	'here Appropriate):	
$\hfill \square$ Approved, with the following co	nditions:	
\square Not Approved, for the following	reasons:	
ACC Member Signature:		
ACC Member Signature:		
Date decision received by IEP Manag	gement:	
Date response letter (copy attached) sent to resident:	