## ISLESWORTH OWNERS ASSOCIATION, INC. ARCHITECTURAL REVIEW REQUEST FOR PROPERTY IMPROVEMENT

Date Submitted	Daytime Phone	Home Phone
Owner's Name		
Property Address		
Lot #, Subdivision, Unit _		
Owner's Mailing Address (if different from above)		
Type of proposed improve	ment?	
Fence Siding	Pool Exterior Color C	Change Outbuilding Other
If you marked other, pleas	se explain*:	
Please provide the following	g information:	
<ol> <li>Complete description of proposed improvement.</li> <li>Type of materials to be used and sample colors if applicable.</li> <li>Drawings, pictures, brochures, etc.</li> </ol>		
	or, please supply samples of new	
<b>.</b>	ling, submit sample of siding type stalled, please indicate what type	e and color samples. e of access you plan to use for trucks,
	order to reach backyard.	, , , , , , , , , , , , , , , , , , ,
Please provide a complete description of proposed improvement*:		
NOTE: Any permits requir	ed by any government agency a	re still required.
Improvement must be com	pleted within 6 MONTHS or re-	submittal is required.
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		Date reviewed
Signature of the ARB Cha	nirman	
Conditions (If Any) of Ap	proval*	

 $<sup>*</sup>Include\ additional\ pages\ if\ further\ explanation\ is\ needed$