MINOR CHANGE APPLICATION

ARCHITECTURAL REVIEW BOARD

	Date:
Lot number:	<u> </u>
Owner's name:	
Owner's address:	
Contractor's:	
Contractor's:	
Landscape Designor:	
Landscape Designor's signature:	
Description of requested change:	
Reason for change:	
(Please attach sketch/specifications of proposed ch	nange)
ARB USE:	
☐ On-Site Inspection Conducted	
Inspected By:	Date:
	ONAL APPROVAL
□ DISAPPROVED	S:
I understand and approve of this change:	
Signed:	Date:
2)	
2)	Date: