

River Woods Homes Association
ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR REVIEW

Requestor _____ Date _____

Address _____ Phone _____

Project _____

Please describe below the specifications of the project (nature, kind, shape, height, material, location, color, etc.).

Give your request to your area rep or Mark Sticha at 952-882-8108

Committee Review _____ Date Received _____

Approved

Approved

Approved

___ Approved

___ Conditionally approved if _____

___ Disapproved because _____

Note: Failure to approve or disapprove within 30 days after receipt of this form constitutes approval.