

# ARCHITECTURAL MODIFICATION FORM

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Description of Improvement  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location \_\_\_\_\_

Contractor \_\_\_\_\_

Style \_\_\_\_\_

Color \_\_\_\_\_

Manufacturer \_\_\_\_\_

Materials \_\_\_\_\_

Start Date \_\_\_\_\_

Finish Date \_\_\_\_\_

This application must include a sketch, drawing or photograph of your proposed change

\_\_\_\_\_  
Owner Signature/Date

Approved: \_\_\_\_\_