## **Olde Stone Way Homeowners Association**

## **Architectural Review Committee Application for Alterations and Additions**

Name:			Date:		
Property Address: _		Email address:			
Home Telephone: _	Work T	elephone:		Cell Tele	ephone:
	Re ef description of the re eclaration and Bylaws		ch all requir		
Estimated Starting D		. May " and wa	d a vot a vo d t h .		
	,				ral Review Committee to
Property Owner's Si	gnature:				
rests with the Execu your proposed plans property owners on	rovement projects greative Board, the Board s. Please list the name both sides, across the 'no" whether you have	reserves the riges of all neighb street and beh	ght to notify ors whose p ind your pro	your immoroperties	nediate neighbors of border yours, including ext to their names,
Adjacent Property Owner Name	Address	Telephone #	Contacted Yes/No	Support Yes/No	Signature

Reminder: Please allow up to 60 days for final approval. Submit your application accordingly.

NO WORK MAY BEGIN WITHOUT WRITTEN APPROVAL OF THE EXECUTIVE BOARD.