

MeadowCreek II Owners Association

**REQUEST FOR AUTHORIZATION
BY ARCHITECTURAL CONTROL COMMITTEE**

NAME: _____

ADDRESS: _____

CHECK AND DESCRIBE TYPE OF CONSTRUCTION:

NEW HOUSE: ___ ADDITION: ___ ROOF: ___ PAINT: ___ LANDSCAPE: ___ OTHER: ___

DESCRIPTION OF WORK TO BE PERFORMED: _____

MATERIALS TO BE USED: _____

COLOR BY PARTS OF STRUCTURE – ATTACH COLOR SAMPLES: _____

STARTING DATE: _____ EST COMPLETION DATE: _____

WHO WILL DO THE WORK? _____

LOCATION PLOT MAP AND PLANS ENCLOSED? YES ___ NO ___

BUILDING SETBACKS/FENCE CLEARANCES MET? YES ___ NO ___

INYO COUNTY PERMIT REQUIRED? YES ___ NO ___

OWNERS SIGNATURE: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

ACC APPROVAL: 3 SIGNATURES ARE REQUIRED – ACC HAS 30 DAYS TO RESPOND

1. _____ YES ___ NO ___ DATE: _____

2. _____ YES ___ NO ___ DATE: _____

3. _____ YES ___ NO ___ DATE: _____

COMPLETION APPROVAL: _____ DATE: _____