

TEMPLE LOFTS HOME OWNERS ASSOCIATION
ARCHITECTURAL REQUEST FORM

Name: _____ Unit # _____ Date _____

Building (circle one)		
NORTH TOWER	MAIN TEMPLE BLDG	SOUTH TOWER

Home Phone _____ Cell Phone _____

I. Proposed Project Information

Describe the proposed improvement in detail. Attach all blueprints, sketches, drawings and permits: _____

II. Contractor Information

Contractor Name _____

Contractor License Number _____

- Contractor Liability and Workers Comp Carrier verification with attached Certificate listing **TEMPLE LOFTS HOME OWNERS ASSOCIATION** as additional insured.

III. Neighbor Advisement

The Architectural Committee has determined that it is in your best interest to advise your neighbors of any proposed improvement to your property and request you have your adjacent neighbors sign where indicated below.

Left Neighbor Name _____
Left Neighbor Signature _____ Unit# _____

Right Neighbor Name _____
Right Neighbor Signature _____ Unit# _____

Below Neighbor Name _____
Below Neighbor Signature _____ Unit# _____

- APPROVED APPROVED W/ CONDITIONS DECLINED

Conditions of Approval/Reason for Denial: _____

Signature ARC: _____ Date _____