

Chelan Ridge Community Association Architectural Review Application Form

Application Date: _____ Property Owner(s): _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Mailing Address (if different from above): _____

Email address: _____

DESCRIPTION OF IMPROVEMENT:

Type of Improvement: New home ___ Remodel ___ Tree Removal ___ Other _____

Brief description: _____

Estimated Completion Date: _____ Contractor _____

New construction must be completed within eighteen months of approval date. Work hours will be between 7 a.m. and 9 p.m. Plans to be approved by architectural committee.

Property Owner Signature: _____ Date: _____

PLEASE ATTACH A DRAWING OF YOUR PROPOSED IMPROVEMENT

<Do not write below - For association use only>

Date received _____ View Restrictions ___ Yes ___ No Building Permits Received: ___ Yes ___ No

Plan approval date: _____ Construction approval date: _____

Approved by: _____ Approved by: _____

Approved by: _____ Approved by: _____

Approved copy sent to Owner: _____ File Copy: _____ Not approved: _____