

Changes Application

Property information:	
Street Address:	
Lot Block Pr	
Owner Information:	
Name:	
	FAX:
Email:	
Architect Information:	
Name:	
Mailing Address:	
	FAX:
Email:	
Builder Information:	
Name:	
Mailing Address:	
	FAX:
Email:	
Landscape Designer Information:	
Name:	
	FAX:
Email:	

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Information	1:
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1. Has the re	quested change or modification already been constructed?
	O Yes
	O No
1	f yes, please explain:
-	
_	
2 Change De	scription and reason for change:
	c drawings of proposed change)
-	
3. Items subm	itted (please check):
	Review Fee
	Plans/Elevation
	Details/ Samples
	Digital copy (PDF) of all of the above
Signature:	Date: