



Architectural Improvement Application and Review Form

Name of Community: _____ Date: _____
Unit Owner: _____ Phone: _____
Unit Address _____

NATURE OF IMPROVEMENT: _____

COLOR (if applicable) _____
LOCATION (if applicable) _____
DIMENSIONS (if applicable) _____
CONSTRUCTION MATERIAL (if applicable) _____

SUPPLIER _____ APPROXIMATE COST _____
(A sketch of all improvements must be attached to the application to show location and dimensions.)

CONTRACTOR: _____ Insurance Certificate: _____ (Copy attached)
Address: _____ Business License # _____ (Copy attached)

Send to: Emory Hill Real Estate Services Inc.
Address 10 Corporate Cr., Ste. 100, New Castle, DE 19720

Date Submitted _____ Signed _____

For Internal Use Only

Date Received _____ Date Inspected _____ Inspected by _____

Approved on _____ Disapproval on _____

Reason for Disapproval _____

Committee Chairperson _____ Date _____
Board President _____ Date _____