

Northwood Trails Homes Association, Inc
Architectural Review Committee

Home Improvement Request

Application Date: _____ Phone: _____.

Applicant Name: _____.

Address: _____.

Type of Improvement (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Satellite Dish |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Other (describe below) | |

Specifics of architectural review request (Please provide details regarding size, height, color, design, location on your property or home, type of materials to be used. Include drawing showing property lines and easements. Continue on back or blank page if necessary.):

Contractor: _____ Signature _____.
(Please Print)

Applicant's Signature: _____.

(For Committee Use) Application Number (XX-YR): _____.

Please email to:

Chairman Architectural Review Committee
Email: ArchitecturalCommittee@nwthoa.onmicrosoft.com
