

ARCHITECTURAL REVIEW COMMITTEE ARCHITECTURAL CONTROL APPLICATION

In Accordance with the Architectural Review Committee Rules, please submit a description of the planned improvement project. **Please be specific**, include the dimensions, materials, color samples, plans and specifications. Also include Plat map or Google Earth Printout of Plat.

Name: _____

Address: _____

Phone: _____ Date of Submission: _____

Proposed Start Date: _____

Anticipated Completion date: _____

Proposed Improvements:

Contractor: _____

(Plan of Lot showing improvement location, dimensions, & description)

~General turn-around 7-10 days, but please allow up to 30 days~

Mail To:
Architectural Review Committee
P.O. Box 475
Liberty Lake, WA 99019
or FAX to: (509) 315-1290 / Attn: Architectural Review Committee

Applicant Signature: _____