

Fox Ridge Homeowners Association

Architectural Review Committee Action

Date:
Name of Applicant:
Property Address:
Mailing Address, if different from above:
Phone number:

Applicant requests approval from the Fox Ridge Homeowners Association Architectural Review Committee to construct, remodel, add or alter the following (please include a picture, diagram or approximate likeness, including dimensions):

Signature of Applicant: _____

Architectural Review Committee _____ *approves* _____ *disapproves* of the proposal you have submitted to us for review.

OR

_____ We recommend that certain changes or alterations be made to your plans.

ARC Members: _____ _____ _____ _____
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Please Submit your request to: Fox Ridge HOA P.O. Box 58 Medical Lake, WA 99022 0058 or Email: FoxRidgeHOABoard@gmail.com
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