

WEDGEWOOD PLACE
Architectural Control Committee
Improvement Request Form

NAME: _____ LOT#: _____

ADDRESS: _____ E-MAIL: _____

PHONE NUMBER: _____ DATE REQUIRED: _____

SUBMIT YOUR WRITTEN REQUEST TO THE CHAIRPERSON 30 DAYS IN ADVANCE OF YOUR PROJECT. (from Restrictions, Covenants, and Limitations - Article V) YOUR PROPOSAL SHOULD CONTAIN AN ACCURATE SKETCH OR NARRATIVE DESCRIPTION OF YOUR PROJECT INCLUDING DIMENSIONS, LOCATION RELATIVE TO THE HOUSE, AND MATERIALS TO BE USED. ANY SKETCH OR ILLUSTRATION MAY BE PLACED ON THE BACK OF THIS FORM OR ON A SEPERATE PIECE OF PAPER.

DESCRIPTION OF REQUEST: _____

PLEASE BE SURE TO CHECK WITH THE APPROPRIATE CITY OR COUNTY AGENCY FOR ANY CODE RESTRICTIONS AND NECESSARY PERMITS BEFORE YOU BUILD.

HOMEOWNER SIGNATURE: _____ DATE: _____

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DATE RECEIVED: _____

ARCHITECTURAL CONTROL COMMITTEE COMMENTS: _____

APPROVED BY: _____

_____ DATE: _____

NOTE: THIS APPROVAL DOES NOT SUPERSEDE CITY OR COUNTY GUIDELINES AND IS VALID FOR 90 DAYS.

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