

Lakewood Shores Homeowners Association
ARCHITECTURAL IMPROVEMENT APPLICATION
(Please Print Clearly)

Name: _____ Date: _____

Property Address: _____

Phone: _____ Cell: _____

Name of Contractor: _____ Phone: _____

Address: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Type of Improvement (Please attach any information to back up this information such as color sample, specifications, plans, etc ... **application will be considered incomplete without supporting documentation**):

Plans Attached: Yes [] No []

(For Office Use Only)

Approved Denied

with the following conditions: _____

Signature: _____

Date: _____

Please return to:
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