Jackson School Homeowners Association

Architectural Review

Owner: _____

Address: _____

_____

Lot _____

Date: _____

Home Phone: _____

Work Phone: _____

APPROVAL

Committee Member: _____

Signature: _____

Date Received: _____

Date Reviewed: _____

Approved: **Yes** ☐ **No** ☐

Projected Start Date:

Completion Date:

Projects must begin and be completed within the timeframe proposed and approved by the ARC. If the project is not completed, then ARC approval is automatically withdrawn and a new proposal or request for extension must be submitted.

Description of Project:

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DRAWING: