

**COPAHEE  
ARB HOMEOWNER REQUEST FORM**

*Please fill out and email to [info@landmlc.com](mailto:info@landmlc.com)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**DESCRIPTION OF IMPROVEMENT PROPOSED:**

Please include lot site plan with sketches, contractor's specification & photos (material, color, height, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_

PROPOSED FINISH DATE: \_\_\_\_\_

HOMEOWNER'S SIGNATURE: \_\_\_\_\_

**ATTACH A CERTIFICATE OF INSURANCE FOR CONTRACTOR BEING USED NOTE:**

Please allow 2 weeks after submitted approval form for review and decision.

APPROVED

DENIED

APPROVED WITH STIPULATIONS:

\_\_\_\_\_

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_