

SULLIVANS POINTE HOA
ARB HOMEOWNER REQUEST FORM

Please fill out and email to info@landmlc.com.

NAME:

ADDRESS:

PHONE:

DATE: _____

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:

_____ DATE _____

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: _____