

**OAKLEY POINTE
ARB HOMEOWNER REQUEST FORM**

Please fill out and email to info@landmllc.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

APPROVED _____

DENIED _____

APPROVED WITH STIPULATIONS:

SIGNED BY: _____ TITLE: _____

DATE: _____