SAINT ANDREWS PLACE HOMES ASSOCIATION
Architectural Committee – Review Form

Homeowners Name: Request Date:

Homeowners Address: Review Date:

Homeowners Phone:

Homeowners Email: (optional)

Type of Request: ☐ Painting ☐ Remodeling ☐ Landscaping ☐ Fencing ☐ Structural Additions / Changes
(Check all that Apply)

Description of Work:

Insert Picture, Diagram, Architectural Rendering Here (Optional)

Comments:
(Additional Information
we should consider)

Request Approval Status: ☐ Approved ☐ Rejected

Reviewed By: _____ _____
SAPHA - Architectural Committee Member Date

Reviewed By: _____ _____
SAPHA - Executive Committee Member Date

Revised 5/24/02