

ST. ANDREWS PLACE HOMES ASSOCIATION Architectural Committee – Review Form

Date _____

Homeowner's Name _____

Homeowner's Address _____

Homeowner's Phone _____

Homeowner's Email _____

TYPE OF REQUEST: (Check all that apply.)

Painting

Remodeling

Landscaping

Fencing

Structural Additions/Changes

DESCRIPTION OF WORK: (And any additional comments we should consider.)

A picture, diagram, architectural rendering may be sent as an attachment.

FOR COMMITTEE USE ONLY

Request Approval Status: Approved Rejected

Reviewed by: _____
SAPHOA - Architectural Committee Member

Reviewed by: _____
SAPHOA - Executive Committee Member