

**THE COVES ON RIVER OAKS
ARCHITECTURAL REVIEW COMMITTEE FORM
APPLICATION FOR APPROVAL**

LOT NO: _____ SECTION: _____
OWNER: _____
MAILING ADDRESS: _____ STATE: _____ ZIP: _____
PHONE: (Day) _____

BUILDER: _____
MAILING ADDRESS: _____ STATE: _____ ZIP: _____
PHONE: _____

HOME SQ.FT.: FIRST FLOOR: _____ SECOND FLOOR: _____ TOTAL: _____
CONSTRUCTION MATERIALS: Facade: _____ Trim: _____
COLOR: Facade: _____ Trim: _____
ROOF: Material: _____ Color: _____
FENCE: Material: _____ Color: _____
DRIVEWAY MATERIAL: _____
Concrete Culvert Only

RECEIPT DATE: _____

1. APPROVED AS SUBMITTED: _____

2. APPROVED AS NOTED: _____ OWNER ACKNOWLEDGE: _____
CONDITIONS FOR APPROVAL:
1. _____ 3. _____
2. _____ 4. _____

3. RESUBMIT: _____

REASON: _____

DATE: _____ SIGNATURE: _____

CONSTRUCTION INSPECTION: CORRECTIONS NEEDED: _____

FINAL APPROVAL OF COMPLETED CONSTRUCTION:

DATE: _____ SIGNATURE: _____