

# Kelly Ridge Estates Owners Association Architectural Control Request Form

Owners Name \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Contractors Name \_\_\_\_\_ License No \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Describe type of work being done

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all applicable boxes

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel Construction | <input type="checkbox"/> Fencing         | <input type="checkbox"/> Landscaping      |
| <input type="checkbox"/> Exterior Paint   | <input type="checkbox"/> Solar Panels         | <input type="checkbox"/> Retaining Walls | <input type="checkbox"/> Drainage Problem |
| <input type="checkbox"/> Roofing          | <input type="checkbox"/> Windows Replacement  | <input type="checkbox"/> Carport         | <input type="checkbox"/> Other            |

Colors: Exterior Walls \_\_\_\_\_

Roofing \_\_\_\_\_

Board Reviewed Yes

Date Approved \_\_\_\_\_

No

Date Completed \_\_\_\_\_

Date Reviewed \_\_\_\_\_

By \_\_\_\_\_

KREOA Architectural Control Director