

GILCHRIST OWNERS' ASSOCIATION

P.O. BOX 862

GILCHRIST, OR 97737

gilchristhomeowners@gmail.com

ARCHITECTURAL REVIEW REQUEST FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE OR CELL NUMBER: _____

BEST TIME AND DATE TO CONTACT: _____

1. Reason for request. (Briefly explain the action you are requesting to do.)

2. Explain the time needed to accomplish your request and when you intend to begin.

3. If you need to draw a diagram, please use an 8-1/2" X 11" piece of paper only.

It is not necessary to be exact in your detail at this time. When this request is received, an ARC member will contact you to discuss the nature of your request in more detail. If the ARC needs more detailed information to process your request, they will be able to explain exactly what will be required to complete the action.

Mail or fax to the above numbers*

All decisions will be made within 30 days as per CC&R's Article XI, Section 3.

Please be sure to make copies of your request.

ARC APPROVAL

- | | |
|----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |

A Quorum is 3 members.