

Windjammer Village of Little River, Inc.
APPLICATION TO REQUEST PROJECT APPROVAL REV. 6/19

Name _____ Lot # _____ Phone _____
Address _____ Cell # _____ email _____
Signature _____ Date _____

TYPE OF REQUEST: (please provide details)

___ **Painting:** Color to stay the same Yes Existing Color _____
No ___ New Proposed Color of house _____
Brand of paint _____ Color # _____
Color of trim _____ Brand of paint _____ Color # _____
Color of doors _____

___ **Roofing:** Color _____ Manufacturer _____ Type of roof _____

___ **Siding:** Color _____ Manufacturer _____ Type _____

___ **Driveway/Sidewalk:** (size & material, include sketch) _____

___ **Replace Windows/Doors:** (no. & location) _____

___ **Fence:** (size -- width/height) _____ Material _____

(include sketch with location) _____

___ **Dish antenna:** (include location) _____

___ **Repair:** (type and location) _____

___ **Addition:** (include sketch & material) _____

Additional detail on work to be done:

**BY SUBMITTING THIS FORM, THE OWNER GIVES THE BOARD OF DIRECTORS
OR IT'S AGENT PERMISSION TO ENTER THE PROPERTY FOR INSPECTION.**

**REQUESTS MUST BE STARTED WITHIN 6 MONTHS AFTER APPROVAL
OR THE REQUEST MUST BE RESUBMITTED.**

Rec'd date _____ Arch app'l by _____ date _____ BOD app'l date _____ letter sent _____
Denied _____ Date _____ Reason Denied _____