



**ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR NEW HOME CONSTRUCTION**

Phase: _____ **Lot:** _____ **Block:** _____

Property Address: _____

Property Owner: _____

Owner Mailing Address: _____

Telephone: Day: _____ **Evening:** _____

Fax: _____ **Cell:** _____

Email: _____

Builder: _____

Contact: _____

Builder Address: _____

Builder Telephone: Day: _____ **Evening:** _____

Fax: _____ **Cell:** _____

Email: _____

Projected Start Date: _____

Projected Completion Date: _____

Note: Incomplete applications will not be processed. Please review attached INFORMATION/REQUIREMENTS FOR NEW HOME CONSTRUCTION.