

ARC INSPECTION REQUEST

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

REQUESTED INSPECTION:

ARCHITECTURAL REVIEW COMMITTEE

DATE TO ARC: _____

DATE INSPECTED: _____

REVIEWED BY: _____

ARC COMMENTS EXPLAINED TO HOMEOWNER:

IMPORTANT TO HOMEOWNER

THE ARC DOES ONE YEARLY INSPECTION AND REPAIR PROGRAM IN THE SPRING. IF THIS YEAR'S PROGRAM IS CLOSED, YOUR REQUEST WILL BE ADDED TO NEXT SPRING'S INSPECTION LIST, UNLESS THE COMMITTEE DEEMS YOUR REQUEST A SAFETY HAZARD.