

**ARCHITECTURAL REQUEST FORM**

To assist the Architectural Control Committee to approve this request, please be as specific as possible. Please complete all appropriate areas on this form. **All changes and work MUST be done by a licensed contractor.**

Describe what changes are being made and the purpose and/or reason for this request.

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Name of Contractor. Please attach a copy of the Proposal/Contract along with Warranty information.

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Please provide specifics of work; dimensions, style design, material to be used, color, and brand. Attach appropriate scale drawings and pictures.

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I agree that I am responsible for any damage that is done to the exterior of the unit or association common grounds. I further agree that I will pay all costs to repair such damage as directed by the Board of Directors. I also agree I will follow all construction direction from the Board to meet all requirements of St Frances Woods and the Declaration of Covenants and make any changes required at the time of inspection. I understand that I must meet all city construction codes and secure any permits that may be required by the City of Lakeville.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

The Board allows three months for completion of work. If work is not complete within that time, the request must be resubmitted to the Board.

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**FOR OFFICE USE ONLY**

Date Reviewed: \_\_\_\_\_ APPROVED    NOT APPROVED  
Date Completed By: \_\_\_\_\_ Rep Check Date: \_\_\_\_\_