

Windy Hill Farms H.O.A.

Architectural Alteration/Change Request Form

Address: _____ **Phone Number:** _____

Submitted By: _____ **Email Address:** _____

Description of Proposed Alteration or Change:

Proposed Location: _____ **Proposed Grade:** _____

Proposed Elevation/Shape/Dimensions/Exterior Color Plans:

Type and Color of Material Used: _____

Plans Attached: _____ **Yes** _____ **No**

Date Submitted: _____ **Date Work is to Begin:** _____ **EST'd Completion Date:** _____

Date Received by Management Company: _____ **Date Received by ACC:** _____

Submit the Form To:

Principal Management Group

Care of WHF HOA

12700 Park Central Drive Suite 600 Dallas, TX 75251

Ph: (214) 368-4030 Fax: (214) 361-7874

Attention: Corrin Adger

The Management Company will submit the form to the ACC for review.

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For ACC Use

Date Reviewed: _____ **Reviewer's Name Printed:** _____

Reviewers Signature: _____

Approved: _____

Disapproved: _____

Comments: _____

ACC Chair Signature: _____ **Date:** _____