ARCHITECTURAL APPLICATION

SEND TO: Peppertree HOA Board, 1107 Winding Way, Taylors, S.C. 29687

Date	Name	
Unit Address		
Mailing Addres		
Home Phone	Cell PhoneEmail	
We request app	oval of the following:	
	lrawing and location on property of improvement(s) and any other special in the second	cifications
	reviewing improvements.	
	and that, if this application requires work of a contractor, I must choose bonded, and insured contractor. The work will be done by:	3 a
	nonded, and insured contractor. The work will be done by:	
Address		
License #	Phone # Cell #	
indemr Costs d describ	Phone # Cell # Cel	es or e of the
Homeowner's F	nted Name	
	ON OF THIS FORM TO BE COMPLETED BY ARCHITECTURAL CO D APPROVING OR / DISAPPROVING REQUESTED IMPROVEMEN	
Print Name	nmittee's Signature	
Home Owners	ssociation Board Signaturessociation Board Printed Name	
Circle Appropri	ely: APPROVED DISAPPROVED	
Approved work review and app	nust be completed within () months of approval or resubmoval is required.	nission for

^{*} NOTES/CONDITIONS: (If you need more room write on the back of this form.)