

GATES HEAD ASSOCIATION, INC.
ARCHITECTURAL CONTROL COMMITTEE
LOT OWNER REQUEST FOR APPROVAL

Date: _____

Name(s): _____

Address: _____

Telephone: _____

Additions or Change or Other Project:

Building Materials:

Paint/Color(s):

Measurements:

Time Requirement:

Person(s) Completing Project:

To be Attached (if applicable)

1. Plans & Specifications
2. Survey

FOR A.C.C. USE

Approved: _____
Rejected: _____

Chairperson/Date