ARCHITECTURAL IMPROVEMENT APPLICATION PARK VIEW OWNERS' ASSOCIATION

17 Lincoln Avenue Eldridge, IA 52748 563-285-7804 Email: pvoa18@mchsi.com

Property Owner's Name:	PHONE:
Address:	
Email:	
DESCRIPTION OF IMPROVEMENT	
improvement MUST be attached to this application or your	aph, etc.) which reasonably demonstrates the location of your planned application will be DENIED . If you have a document that sets out the plans and/as well. Please submit to the committee at least 30 days in advance.
COLOR (If applicable)	
DIMENSIONS (If applicable)	
CONSTRUCTION MATERIALS (If applicable)	
PROPOSED START DATE EXPECT	ED FINISH DATE Please contact PVOA when finished!
BUILDING PERMIT NEEDED? YES NO (Ci	rcle one) Contact Planning & Development @ 326-8643 to verify
I hereby Request approval of the above referenced planned If approved, I agree to build in accordance with this applica improvements at my expense.	improvement. tion and the attached plans and specifications and I agree to maintain any
SIGNED	DATE
adhere to all property boundaries. Approval of a plan by th any opinion as to compliance with any building codes or re Unless otherwise stated in the remarks section below, <u>all in</u> The board is not responsible for lost or delayed mail with re	
Below is for internal use only	
Date Received:	Date Reviewed
Decision: APPROVED / DENIED	Date Owner Notified
Remarks:	
Board/Committee Signature	