Beringer Pointe Architectural Control Committee

Request for Proposed Improvement Review

Date:	Attached Documents
Name:	
Address:	Survey Plot Plans Plans Photos
	Specs Color Samples
Home Phone:	
Work Phone:	
Please provide a brief descri improvement	ption of the proposed modification, alteration or
<u> </u>	
Contractor (if any):	HOMEOWNERS AFFIDAVIT
Address:	I have read and understand the covenants & restrictions and agree to abide by such covenants & restrictions.
Contact: Phone:	I understand that no work shall commence
	Date: Signed:
If Approved, this approval is s Applicable laws from any loca	ubject to the approval, permitting, inspections & compliance wit l, state or federal agencies.
Please submit completed form to two weeks for approval proc ACC File Date of Approval:	to any ACC member or HOA Board Member. Please allow up ess.