

Architectural Control Committee- Design Review Request Form

SUBMIT COMPELETED FORM TO: *(Please allow a minimum of 2 weeks for processing)*

Idaho Association Management Services • 1123 12th Ave Rd. #423 • Nampa, ID 83686

Phone: 208-463-7657 • Email: cheramy@idahoams.com

Date Submitted: _____

Homeowners Association Name: _____

Property Owners Name: _____

Property Address: _____

Phone Number: _____ Email: _____

Request Based on Disability (If applicable:) Y N (circle one)

Supporting documentation enclosed with application. Y N (circle one)

Proposed Schedule Start Date: _____ **Finish Date:** _____

Complete Description of Planned Project:

Attach the Following: (complete information facilitates processing. Lack of details may result in automatic disapproval):

- Drawing and/or map with dimensional details
- Product brochure and/or picture
- Sample materials
- Paint or stain color chips

Date Received By Idaho AMS: _____ Received Via: _____

Date Forwarded to Committee: _____ Sent Via: _____

Date Response Letter sent to Resident: _____ Sent Via: _____

ARCHETECTURAL COMMITTEE USE ONLY

Approved: _____ Disapproved: _____ Date: _____

Condition of approval: _____

Reasons for Disapproval: _____

Committee Signatures: _____
