Ivey Springs Development HOA

PO Box 491 Bethlehem, GA 30620 iveyspringshoa@gmail.com

APPLICATION FOR APPROVAL OF ARCHITECTURAL IMPROVEMENT OR MODIFICATION

Date:			
Name of Applica	ant (Owner):		
Property Addres	s:		
Telephone Number:		Email:	
Request for:	Preliminary Approval	Final Approval	
-	ed Owner/s hereby reques he above-mentioned property	t approval of the architect y/unit.	ural improvements or
Description of	Improvement or Modification	on:	

Project Start Date:		
Project End Date:		
Contractor Information:		
Contractor Name:		
Telephone Number:	Email:	
		
Specific plans for improvement and/or mod	difications are:	
Attached		
Not attached		
Signature of Owner/s:		
Signature of Owner/s.		
		