

**KINGSLEE HEIGHTS HOME ASSOCIATION
DISPOSITION OF APPLICATION FOR EXTERIOR CHANGES, REPAIRS OR CONSTRUCTION
ARCHITECTURAL CONTROL COMMITTEE**

Name: _____ Application Dated: _____
Unit #: _____

Subject of Application: _____

Recommended: _____

Subject to the following conditions: _____

Not Recommended: _____

For the following reasons: _____

Date: _____

Chairperson: _____

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BOARD OF DIRECTORS

On this date, after due consideration of the recommendations of the Architectural Control Committee, the Board took the following action on the foregoing application:

Approved: _____

Subject to the following conditions: _____

Rejected: _____

For the following reasons: _____

Date: _____ President of the Board _____

ALL PROPOSED WORK MUST BE COMPLETED WITHIN SIX MONTHS OR AS SPECIFIED OF THE DATE SHOWN ABOVE. IF WORK IS NOT COMPLETED, A NEW APPLICATION AND APPROVAL WILL BE REQUIRED BEFORE ANY ALTERATIONS CAN BE MADE TO THE UNIT.