

Lakes of Shady Shores Homeowners Association

Architectural Control Application

Homeowners Name: _____ Date: _____

Address: _____

Phone: _____

1. Describe Nature of Application: _____

2. Describe the type of materials to be used: _____

3. Attach a copy of the survey or map showing placement of the proposed building site.

4. Comments from Trustees: _____

5. Application: ☐ Approved ☐ Disapproved

Reason for Disapproval: _____

Signature (if needed) : _____

Trustee: _____

Date: _____

Trustee: _____

Date: _____

Trustee: _____

Date: _____