## ST. CHARLES COMMUNITY ASSOCIATION ARCHITECTURAL CHANGE REQUEST FORM

Submit to:		Date Submitted:	
St. Charles Community Association		Lot #	
P.O. Box 21664		Submitted via:	
Little Rock, AR 72221-1664			
Phone: 501-224-1083 Email: <u>stc</u>	<u>harleslr@hotma</u>	il.com	
INSTRUCTIONS FOR SUBMISSION:			
	nd submit (by e	mail or mail). Partially submitted applications will not be	
processed.			
2. You will then receive email confirm	=	and processing of your application. pt of your application, please contact the SCCA at	
501-224-1083 or stcharleslr@hotmail.c		pt of your application, please contact the SCCA at	
		not received and is not being processed,	
The ACC is granted thirty (30) days from	n receint of com	nlete Architectural Change Request Form to review and	
The ACC is granted thirty (30) days from receipt of complete Architectural Change Request Form to review and respond. Incomplete submissions will not be processed.			
·	•		
Lot #/Homeowner Name:			
Address:			
Mailing Address (if different from above	e):		
Email Address:		······································	
Phone Number(s):			
This submission is for final approval of:_			
Description (materials/colors/photos):			
Description (materials) colors, photosy			
Please attach:			
A copy of your property plat o	r survey (with in	provements indicated) that includes a drawing of the	
exterior work requested for a	, ,	,	
• Copy(s) of all applicable City o	f Little Rock per	mits	
Expected Start Date/Completion Date:			
I (we) certify that I (we) agree not to ma	ake any changes	in exterior plans and colors submitted or to make any	
exterior additions without written perm			
Owner:		Date:	
		<del></del>	
Architectural Control Committee:			
Approved:	Date:	Submission Received:	
		Submission Method:	