

**LAKE KIOWA PROPERTY OWNERS ASSOCIATION  
APPLICATION FOR ARCHITECTURAL CONTROL PERMIT**

**OWNER INFORMATION**

**PERMIT #** \_\_\_\_\_

Lot # \_\_\_\_\_ Constituted Lot # \_\_\_\_\_ Owners Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

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**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contractors Signature \_\_\_\_\_

Email: \_\_\_\_\_

Reference ACC Section 5.01 and 6.02

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**PROJECT INFORMATION**

Description \_\_\_\_\_

Estimated Sq. Feet \_\_\_\_\_

Planned Start Date \_\_\_\_\_ Est. Completion Date \_\_\_\_\_

Permit Fee \_\_\_\_\_

By signing this form owner attests that he/she is fully cognizant of the LKPOA's Restrictive Covenants, By Laws and Basic Information, Policy, Procedures and Rules and the Architectural Control Handbook.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Approved Architectural Control Signature

\_\_\_\_\_  
Date Approved