

**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: _____

CONTRACTOR INFORMATION

Name _____ Address _____

Phone No. _____ Cell No. _____ Fax No. _____

Contractors Signature _____

Email: _____

Reference ACC Section 5.01 and 6.02

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