ARCHITECTURAL CONTROL IMPROVEMENT APPLICATION REQUEST

NAME:		PHONE:	
ADDRESS:			
AREA: SECTION:			
NATURE OF IMPROVEMENT :			
LOCATION:		DIMENSIONS:	
PLANT MATERIAL:			
SUPPLIER:			
ATTACHED TO THE APPLICATION RESPONSIBILITY OF THE APPLICA	TO SHOW LOCATION AND NT TO CONTACT ALL U	ED IMPROVEMENTS MUST BE SUBMITTED AND DIMENSIONS. ALSO, IT IS THE EXPRESSED FILITIES, INCLUDING BUT NOT LIMITED TO F and VILLAGE OF LISLE PRIOR TO DIGGING B	
RULES SET FORTH BY THE BOARD MAINTENANCE, AND ENCROACHME AGREE THAT ANY UNAPPROVED ENC	OF DIRECTORS AND WILL B NT THAT THIS IMPROVEME CROACHMENT WILL BE CORR SER OF THE UNIT IN WHI	MPROVEMENT. I/WE AGREE TO ABIDE BY THE SOLELY LIABLE FOR ANY DAMAGE, UPKEE NT MAY CAUSE TO THE COMMON AREA. I/WECTED AT MY/OUR EXPENSE. I/WE ALSO AGRECH I/WE CURRENTLY RESIDE THAT THEY B	
DATE: SIGNED: _			
FOR OFFICE USE ONLY	DATE	DATE APPLICATION RECEIVED:	
REVIEWED BY:		DATE:	
GTIA BOARD - APPROVED:	DISAPPROVED:	DATE:	
FINAL INSPECTION OF IMPROVEMEN	T ON DATE:		