

**ST. CHARLES COMMUNITY ASSOCIATION
ARCHITECTURAL CHANGE REQUEST FORM**

Submit to:

St. Charles Community Association
P.O. Box 21664
Little Rock, AR 72221-1664
Phone: 501-224-1083
Email: stcharleslr@hotmail.com

Date Submitted: _____
Lot # _____
Submitted via: _____

Please allow thirty (30) days from receipt of Architectural Change Request form for ACC review and response. Incomplete submissions will not be processed.

Lot #/Homeowner Name: _____

Address: _____

Mailing Address (if different from above): _____

Email Address: _____

Phone Number(s): _____

This submission is for final approval of: _____

Description (materials/colors/photos): _____

Please attach:

- **A copy of your property plat or survey (with improvements indicated) that includes a drawing of the exterior work requested for approval**
- **Copy(s) of all applicable City of Little Rock permits**

Expected Start Date/Completion Date: _____

I (we) certify that I (we) agree not to make any changes in exterior plans and colors submitted or to make any exterior additions without written permission from the ACC.

Owner: _____ Date: _____

Architectural Control Committee:

Approved: _____ Date: _____

Denied: _____ Date: _____