ARCHITECTURAL CONTROL COMMITTEE — DESIGN REVIEW REQUEST FORM One project — or section of big projects — per form please

Subdivision (HOA) Name: Click or tap here to ent	er text.	
Date Submitted: Click or tap here to enter text.	Owner's Name: Click	or tap here to enter text.
Property Address: Click or tap here to enter text.		
Phone Number: Click or tap here to enter text.	Email: Click or tap her	e to enter text.
Request Based on Disability (if applicable): $\ \square$ Su	pporting documentation	on enclosed with application.
\square Shed \square Patio Cover/Extension \square Landsca	ping \square Building \square	Addition Fence Paint
Complete Description of Planned Project: Click or	r tap here to enter text	
Attach the following, as applicable (complete info	ormation facilitates pro	ocessing):
Drawing and/or map with dimensional deProduct brochure and/or picture	etails	
 Sample materials 		
Paint or stain color chips		
Submit this form & attachments to: Iron Eagle Property Management 7215 W. Franklin Road Boise, Idaho 83709		Phone: (208) 336-8888
		Fax: (208) 345-8777 Email: amber@ironeaglepm.con
Boise, Idalio	83709	Linaii. amber @noneagiepin.com
REVIEW PROCESS (Allow 2-4 weeks for processing Date received by Iron Eagle Property Management	••	Received Via:
Date forwarded to committee:		Sent Via:
Date for warded to committee.		Serie via.
DECISION (Include CC&R Sections Where Approp	riate):	
☐ Approved, with the following conditions:		
☐ Not Approved, for the following reasons:		
ACC Member Signature:		
ACC Member Signature:		
ACC Member Signature:		
Date decision received by IEP Management:		
Date response letter (copy attached) sent to resid	dent:	