

Architectural Project Request for Extension

Name of Owner(s) _____

Project Address: _____

Telephone Number: _____

Name or description of project: _____

Contractor _____

I / We, the owner(s) of the above property, request an additional **30 60 90**
days to complete said project. No changes or alterations will be incorporated.

Signature of Owner

Date

Signature of Owner

Date

Architectural Control Committee

Approved Denied _____

Signature of Member

Printed Name

Date

Signature of Member

Printed Name

Date

Signature of Member

Printed Name

Date