Design Review Request

Management Specialists, Inc.
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FOR OFFICE USE ONLY
Date Received MS _____
Crucial Date _____
Date Sent To Committee _____
Date Rcvd From Committee _____
CM _____
Request# _____

Name: _____ Association: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Work Phone: _____

My request involves the following type of improvement:

❑ Painting ❑ Deck/Patio Slab ❑ Roofing ❑ Drive/Walk Addition
❑ Landscaping ❑ Patio Cover ❑ Room Addition ❑ Basketball Backboard
❑ Fencing ❑ Other: _____

Describe improvements (attach additional documentation as needed):

Planned completion date: _____

I understand that I must receive approval of the Association in order to proceed. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I understand that my improvements must be completed per specifications or approval is withdrawn. I agree to complete improvements promptly after receiving approval.

Date: _____ **Homeowner's Signature:** _____

Committee Action:

❑ Approved as submitted
❑ Approved subject to the following requirements:

❑ Disapproved for the following reasons:

Completion required by : _____
Committee Member Signature: _____ Date: _____

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