## APPLICATION FOR ARCHITECTURAL IMPROVEMENT

## **GREENBRIAR KINGSPARK HOMEOWNERS ASSOCIATION (HOA)**

NAME:DATE: _	
ADDRESS:	
, (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
PHONE NUMBER:ALT PHONE:	
FRONE NOWBER	
EMAIL:	
EMAIL:	
DESCRIPTION OF PROPOSED MODIFICATION:	
(Please attach any applicable sketch, diagram, picture, invoice, and	or invoice contractor proposal.)
ESTIMATED START DATE: ESTIMATED E	ND DATE:
I agree to comply with the Kingspark Homeowners Association cover	nants and Restrictions in making the
in the second se	
above improvement(s). Permission is granted to the members of the	HOA Board to enter onto my
property to make reasonable inspections of the requested improvem	ent location(s).
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Owner Signature	Date
Owner Signature	Date
HOA-ARC Decision/Signatures:	
Date:	