



EAGLE BEND NORTH HOMEOWNERS ASSOCIATION

FORM #2 APPLICATION FOR CONSTRUCTION DOCUMENT REVIEW

Please provide three (3) sets of drawings and specifications.

Date of Preliminary Design Approval _____ . (If applicable)

Date Prepared: _____ Date Received: _____

Lot # _____ Street Address: _____

Owner: _____ Phone # _____

Contractor: _____ Phone # _____

Architect: _____

Landscape Architect: _____

Surveyor: _____

Signed: _____ Date: _____

Owner or Authorized Agent

Construction Document: Approved _____ Rejected _____

Comments:

It is understood and agreed that this Construction Document Approval when granted shall be for a period of twelve (12) months from the approval date hereof. If the Construction Application (Form #3) is not submitted and granted within said twelve (12) month period; this Construction Document Approval shall be forfeited.

Signed: _____ Date: _____

Architectural Control Committee