



Architectural Control Committee  
**EAGLE BEND NORTH HOMEOWNERS ASSOCIATION**

**FORM #4**    APPLICATION FOR DESIGN CHANGE OR ADDITION

Please include two (2) sets of drawings and a Construction Change Deposit in the amount of \$250.00 to \$2500.00 (to be determined by the Committee dependant upon specific project) per unit made payable to "Eagle Bend North Architectural Fund".

Date of Construction Document Review Approval \_\_\_\_\_.

Date Prepared: \_\_\_\_\_. Date Received: \_\_\_\_\_.

Lot# \_\_\_\_\_ Street Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Architect:  
 \_\_\_\_\_

Proposed Change: (Attach Sketch)

Reason for Change:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner or Authorized Agent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contractor

Construction Change: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

It is understood and agreed that this Design Change or Addition approval when granted shall be for a period of six (6) months from the approval date hereof. If Construction has not commenced within said six (6) month period, this approval shall be forfeited.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_