ANGEL FIRE ENVIRONMENTAL/ARCHITECTURAL COMMITTEE IMPROVEMENTS TO A PROPERTY

(Please fill out the following as an acknowledgment of the improvement that will be done to your home)

Owner's Name:	Date Submitted		
Mailing address:			
City:	S	tate:Zi	p code:
E-mail address:			
Home Phone:	Cell Phone:	Business Phone:	
Lot Description: Subdivision:		Section/Block:	Lot Number:
Street Address:			
	(The Builder/Contractor	information is option	nal)
General Contractor:	Company Name:		
Mailing address:			
City:	State:	Zip code:	
E-mail address:			
Cell Phone:	Business Phone:		
Contractor License#:	State of Issuance:	Expiration	n Date:
NOTE: The proposed	improvements must be in c	ompliance with appli	cable Restrictive Covenants.
Please describe the improvement	s, in detail, that will be made:		
Property Owner's signature:			Date:
Approval (This will be filled out af	ter the Committee approves yo	our improvements):	
Chairman's signature:			Date: