

Angel Fire Environmental/Architectural Control Committee
Withdrawal Request

Permit # _____

Owners Name: _____ **Date Submitted:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Lot Description: Subdivision: _____ **Section/Block:** _____ **Lot Number:** _____

Street Address: _____

General Contractor: _____ **Company Name:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Contractor License#: _____ **State of Issuance:** _____ **Expiration Date:** _____

Email Address: _____

Cell Phone: _____ **Business Phone:** _____

Reason for Withdraw:

Property Owner: _____ **Date:** _____

Contractor/Builder: _____ **Date:** _____

Chairman's signature: _____ **Date:** _____