

## Architectural Control Committee- Design Review Request Form

**SUBMIT COMPELETED FORM TO:** *(Please allow a minimum of 2 weeks for processing)*

Idaho Association Management Services • 1123 12<sup>th</sup> Ave Rd. #423 • Nampa, ID 83686

Phone: 208-463-7657 • Email: [cheramy@idahoams.com](mailto:cheramy@idahoams.com)

Date Submitted: \_\_\_\_\_

Homeowners Association Name: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Request Based on Disability (If applicable:) Y N (circle one)

Supporting documentation enclosed with application. Y N (circle one)

**Proposed Schedule Start Date:** \_\_\_\_\_ **Finish Date:** \_\_\_\_\_

Complete Description of Planned Project:

\_\_\_\_\_  
\_\_\_\_\_

**Attach the Following:** (complete information facilitates processing. Lack of details may result in automatic disapproval):

- Drawing and/or map with dimensional details
- Product brochure and/or picture
- Sample materials
- Paint or stain color chips

Date Received By Idaho AMS: \_\_\_\_\_ Received Via: \_\_\_\_\_

Date Forwarded to Committee: \_\_\_\_\_ Sent Via: \_\_\_\_\_

Date Response Letter sent to Resident: \_\_\_\_\_ Sent Via: \_\_\_\_\_

### ARCHITECTURAL COMMITTEE USE ONLY

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Condition of approval: \_\_\_\_\_

Reasons for Disapproval:

\_\_\_\_\_  
\_\_\_\_\_