

CANCEL/REMOVE



OFFICE USE ONLY	
Permit# _____	Staff Initials: _____
Date Rec'd: _____	BOND: Y / N / FILE
Existing: Y or N	Violation: Y or N
ACC Date: _____	Violation# _____

ARCHITECTURAL CONTROL COMMITTEE Cancel/Remove Request

TRACT: _____ LOT: _____

Name: _____

Address: _____

Phone: _____

Email: _____

PROJECT: _____

ACC Approval Date: _____

PERMIT#: _____

Please indicate improvement(s) to be cancelled and/or removed from permit application below.

Cancel Entirely

Remove portion(s)

- _____
- _____
- _____
- _____
- _____
- _____

Signature of Property Owner

Date

CANCEL/REMOVE



ARCHITECTURAL CONTROL COMMITTEE
Cancel/Remove Request

TRACT _____ LOT _____

Approved by Architectural Control Committee:

Condition of Approval:

Date: _____

Rejected by Architectural Control Committee:

Condition of Rejection:

Date: _____

Comments:

