

Meadow View Park Change Request Form

Instructions: Please submit two copies of this completed form to a Meadow View Park (MVP) Board member. It will be forwarded to the Architectural Control Committee (ACC) for review. Please see CC and R's, Article V.

Dated Received by Board Member: _____	Board Member Name: _____
Date received by ACC Member #1: _____	ACC Member Name: _____
Date received by ACC/Board Member #2: _____	Member Name: _____
Date received by ACC/Board Member #3: _____	Member Name: _____

Part 1: Homeowner/Project Information

Homeowner's Information:

Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Project Information:

(Please summarize the scope of the project, include information about the materials to be used, location and dimensions of the project, paint colors, etc. Please attach any drawing or plans that may be helpful and samples of paint color selection.):

Affected Neighbors:

(Please discuss your project with any neighbors who may be affected by your project. Please have them print their name, address, phone number and initial in the space provided. Neighbors are welcome to comment in the space provided.)

Neighbor #1:

Name: _____

Address: _____

Phone number: _____

I am aware of this project and give / do not give (circle one) my approval. Initials: _____

Comments:

Neighbor #2:

Name: _____

Address: _____

Phone number: _____

I am aware of this project and give / do not give (circle one) my approval. Initials: _____

Comments:

Neighbor #3:

Name: _____

Address: _____

Phone number: _____

I am aware of this project and give / do not give (circle one) my approval. Initials: _____

Comments:

Neighbor #4:

Name: _____

Address: _____

Phone number: _____

I am aware of this project and give / do not give (circle one) my approval. Initials: _____

Comments:

Neighbor #5:

Name: _____

Address: _____

Phone number: _____

I am aware of this project and give / do not give (circle one) my approval. Initials: _____

Comments:

Homeowner's Signature: _____

Date: _____

Part 2: MVP ACC Member to Complete

Instructions: Complete one box below with comments and recommendation. Forward to next MVP ACC or Board member within two business days (if there is a delay, please note reason and keep homeowner informed). The project must be approved by a minimum of two MVP ACC/ Board members. The last reviewer must complete the Final Determination box then return one copy to the homeowner and the second copy to the MVP Board Vice President.

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Final Determination

Project is (circle one): **Approved** **Denied**

Date: _____

Completed by: _____ **Signature:** _____

Form returned to homeowner (circle one): Via Mail In Person Date: _____

Additional copy retained by MVP Board Vice President.