

Twin Lakes Owners Association, Inc

Architectural Improvement Request Form

Name of Owner: _____

Date: _____

Telephone #: _____

Email Address: _____

Property Address: _____

Objective: _____

Summary of Project: _____

Note: Please include a complete description to include measurements, color selection, and a picture, sketch, blueprint or brochure of the proposed project.

Return to: Twin Lakes Owners Association, Inc
PO Box 2182
Harrisonburg, VA 22801
office@apmsva.com

The Architectural Review Board members will respond to requests in as prompt a manner as possible. The Covenants & Restrictions allow for a 45 day response period. However, most requests can be handled within a much shorter time period. Thank you for your patience and understanding.

OFFICE USE ONLY

Date: _____

Your request to _____ has been reviewed.

Application: Approved _____ Disapproved _____ Approved with Conditions _____

Based on the following conditions: _____

Date Approved

Approval Signature