RUEDI SHORES HOMEOWNERS' ASSOCIATION, Inc.

Application Form Checklist and Identification

04/08/2008 REV

RSHA Architectural Committee Contact (To be completed by AC):

Name:	email:	
A. APPLICANT IDENTIFICATION	N: (to be completed by app	olicant)
Date:		
Owner:	Address:	
Phone:	Email:	
Job Address /Filing & Lot No.:		Job Phone:
Authorized Representative:		Phone:
Email (Authorized Rep):		
Contractor:		Phone:
Email (Contractor):		
Best Point of Contact:		
B. CHECKLIST: (to be completed b	y Architectural Review Co	ommittee)
Preliminary Design Review Approv	ral: Yes No	_ Date:
Comment:		
Design Review Approval: Yes	No Date:	
Documentation Complete: Yes	No Date <u>:</u>	
Additional Documentation Require	ed:	
Description of Work:		
Gross SF:Max. Bu	uilding Height / Meadow o	r Wooded Lot:
Outstanding Fees:		
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