

CC&R Architectural Review & Approval Request Form
Please complete and send this form to Star Property Management, P. O. Box 810, Star, Idaho 83669
Email: ed@starpropmgmt.com Fax: 286-0563
(Requests will be responded to within 30 days of receipt – Please allow ample time in your planning)

Date _____ Request by _____

Phone _____ Address _____

Lot _____ Block _____ Phase _____ City / State / Zip _____

Subdivision Name _____

Describe the nature of the changes or improvements for which you seek architectural review and approval. Please be as specific as possible. Include sketch of improvements showing lot lines and measurements from lot lines & house to improvement.

Proposed starting date for the project _____ Ending date _____

Have you check with the City to verify if a building permit is required for your project?
_____yes _____no

List the general contractor and major subcontractors who will be involved

Identify the documents attached to this request _____Plans_____Specifications
_____ Bldg. Permit _____Survey _____other _____

Architectural Committee Section	
<u>DECISION</u>: NOT APPROVED / APPROVED / APPROVED WITH CONDITIONS	
Conditions for Approval _____	

_____	_____
Architectural Committee Members' Signatures	Date