

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@starpropmgt.com Fax: (208) 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 _____

Email address _____

Subdivision Name _____

Describe the nature of the changes or improvements for which you seek architectural review and approval. Please be as specific as possible. **Please include a sketch of property showing lot lines and measurements from lot lines & house to the location of the improvement and any photos or literature that will help detail your plans. Exterior paint colors can be best submitted by providing the paint manufactures name, color name and color number:**

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

DECISION: NOT APPROVED / APPROVED / APPROVED WITH CONDITIONS

Date