

Application for Improvement Plan Approval

Date of Plan Submission to WLHOA-ARC: _____

Lot Number and Street Address: _____

Lot Owner's Name, Address and Telephone No: _____

Describe the type of work to be performed: _____

Scheduled start date (if known): _____

Owner

Contractor

Date

The signature(s) below indicate the plans are approved:

Willow Lake Homeowners Association – Architectural Review Committee

Date