

HEATHERGLEN HOMES ASSOCIATION

ARCHITECTURAL CHANGE REQUEST FORM

DATE: _____

HOMEOWNER'S NAME:

ADDRESS:

PHONE: DAY _____ EVENING _____

PLEASE DETAIL TYPE OF CHANGE: (Attach a drawing, if necessary)

TYPE OF MATERIAL(S) TO BE USED:

Estimated Beginning Date of Change _____

Estimated Ending date of Change _____

Signature of Applicant

This proposed improvement was approved – disapproved by HeatherGlen Homes Association Architectural Control Committee.

Name & Title

Date

Name & Title

Date

If disapproved, the following reasons were stated:

Please mail to HeatherGlen Partners, LLC, 5300 College Blvd, Overland Park, Ks 66211
FAX – 913-491-0606 with cc to HeatherGlen Partners