Vienna Square HOA / Villas At Vienna Square HOA

Request for Architechtural Change

Name:	management of the Control of the Con	Phone:	
Address:		52.000 pt 10.000	Lot #:
Approximate Start/Completion	Date:	Email:	
This application w	ill not be voted on if subr	mitted on the day of	the monthly meeting.
71.5	ell in advance so we have t needed. This application is	R (70	additional information, and the date of approval.
Specify the type of change/mod schematics in relation to lot bo landscaping. Applications need	rders if applicable. Specify p	plant varieties, and layo	ut if changing or adding
who may be invloved with this	s change/modification and na Square HOA, and the Boo or as a result of workmans e same aforementioned cha airs or maintemance. <u>I agra</u>	hold harmless the Vier ard of Directors for any hip performed. I assun ange/modification, and ee to obtain county pe	r liablility arising from accidents ne full responsibilty for the d for any liabilities for injuries rmits as applicable.
Homeowners signature:			Date:
For the Board of Directors Arch	htectural Review Committe	ee:	
Approved:	Disapproved:		
Conditionally Approved with ac			
			Date:
Deposit the completed form in			

clubhouse.