

ARCHITECTURAL DESIGN APPLICATION

NAME OF OWNER(S):				
	CELL PHONE: ()			
WORK PHONE: ()	E-MAIL:			
Please indicate the type of improvement	ent: (Mark with an X)	NEW HOME	LANDSCAPING _	Driveway/Walk
Addition Deck/Patio Slab	Fencing Patio Co	ver Shed	Painting	Roofing
Other (please explain):				
DESPCRIPTION OF PROPOSED WORK				
Applicant agrees and understands that approval. In addition to this completed plans/drawings/photo's with specificat copy of brochure, materials or "inform any improvements in relation to the lo	Architectural Design Applic ions of any improvements o ation cut sheets" from the n	ration (ADA) the apport construction shown anufacturer. It is e	olicant must submit ving location, heigh specially important	one set of t, width, length, colors,
Landscape projects: Submit landscape proposed landscaping. It is especially in Keep in mind trees should be at least 5	nportant to include the loca	ition of any landsca	pe in relation to the	e lot line and the home.
Applicant agrees to maintain proper dr proper drainage flows under District fe landscape material onto District fence.	nce. Keep in mind the side a		_	
The Architectural Design Committee m information is submitted, the application event the application is approved, all m the Applicant. All work shall be initiated understands that all necessary permits the applicant and are required for applicant.	on will be deemed incomple naintenance, repair or replad d with consideration of the p and approvals from any mu	ete and will stand ur cement of the approgrounds, aesthetics	napproved. It is furt oved item will be th , timing and noise fa	her agreed that, in the ne sole responsibility of actors. Applicant
Removal of WPMD fencing or driving o allowed. Homeowner will be held response			•	
The approved ADA should be retained documents that can be scanned. Work review fees when required. Call 811 fo backyard. Hand dig 3 feet around the n	must be completed within some some some some some some some some	9 months of approv o out. District non-լ	al or you must re-su potable water mete	ubmit the ADA and pay
Leave completed ADA and attachments mail to: manager@windshireparkmetro		ne WPMD Pool drive	eway at 1555 Millfle	et Drive or scan and e-
THE UNDERS	IGNED UNDERSTANDS AND	AGREES TO THE A	BOVE CONDITIONS	
Owner Signature	 Print Name			// Date
Owner Signature	Fillit Name			<i>γ</i> αι ε
For Committee Use:				
Approved: Denied: _	Approved	upon Completion o	of Contingencies:	
Date: / / Signed	:			