

Name:

Address:

Chagrin Falls, Ohio

44023-5821

Home Phone Number: (440)

Date of submittal to Board:

Date work is to commence:

Date work is to be completed:

Contractor:

Phone:

Please attach a detailed drawing or sketch of any addition with this proposal. Include a detail of the elevation, floor plan, dimensions, and location on site as required.

Type of Improvement to be made:

- Alteration
 - Roof replacement if of different color &/or material. Describe type & color on next page and provide a sample.
 - Replace/Paint siding, paint trim, shutters, doors, etc. if of different color &/or material. State color of siding, trim, gutters, & shutters on next page & provide sample of the siding.
 - Replace windows if of different size &/or style.
 - Replace deck if of different size &/or style.
 - Replace driveway if of different dimensions &/or path.
 - Other
- Addition to existing structure
 - Room Addition: Drawings are required.
 - Porch/Deck Addition: Drawings are required. Provide full description on next page & attach drawings including dimensions, trim & location on site.
 - Garage Expansion: Drawings are required.
 - Swimming Pool/Hot Tub: Drawings are required.
 - Other: Drawings are required.
- Addition of new structure
 - Garden Shed: Drawings are required.
 - Fence/Hedge/Walls: Drawings are required.
 - Recreational Equipment
 - Animal runs &/or shelters: Drawings are required.
 - Other: Drawings are required.

Provide full description of all improvements on next page and on the back as necessary.

Description of Improvement:

Required Signatures:

Neighbors Acceptance:

Name:	_____	Name:	_____
Address:	_____	Address:	_____
Name:	_____	Name:	_____
Address:	_____	Address:	_____

Current Architectural Review Committee:

Name:	_____	Name:	_____
	Alan Tatro		Jim Kapiro
Phone:	(440) 543-8947	Phone:	(440) 708-2622
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Name:	_____		
Phone:	_____		

Lake Colony Board:

Name: _____

Phone: _____

Name: _____

Phone: _____



(Seal)

Bainbridge Township Acceptance:

Name: _____

Phone: _____

Geauga County Acceptance:

Name: _____

Phone: _____