## **Application for Architectural Review Committee Approval**

Villages of F	Fireside: Lot Number:	Application Date:	
Lot Owners 1	Name:	Phone:	
Lot Address:	:		
Mailing Add	lress:		
(If different f	from Lot Address)		
Type of appro	roval desired: (Check all that apply)	ı	
( )	Fence		
( )	Wall		
( )	Pool		
( )	Screened Porch or Patio	6	
( )	Shed (Must be behind a fence or	out of view of the street)	
( )	Satellite Dish Driveway Extension		
( )	Other		
( )	<u> </u>		
If required, h	have you applied for the proper perm	nits from all government authorities?	
( )	Yes ( ) No	-	
		a copy of Lot Survey and indicate on it whe ons. (Use additional sheets of paper, if neces	
guidelines on		our Covenants, Conditions, and Restrictio llages of Fireside. Any questions, please of	
Email all info	formation to arc@thecamteam.com		
Date Receive	ed: Received by	ACC Member:	
( )	Approved ( ) Disapproved	ACC Member:Reason:	
Date mailed/o	/delivered to The CAM Team for Fil	ling: By:	
Signature(s)	of Architectural Control Committee	): :	