ARCHITECTURAL IMPROVEMENT APPLICATION OAK HIGHLANDS/DEER VALLEY HOMEOWNERS ASSOCIATION P.O. BOX 455 ANTIOCH, TENNESSEE 37011-0455

UNIT/PROPERTY OWNER:	PHONE:
ADDRESS:	
DESCRIPTION OF IMPROVEMENT:	
COLOR (If applicable):	
LOCATION* (If applicable):	
DIMENSIONS (If applicable):	
CONSTRUCTION MATERIALS (If applicable):	
location of your planned improvement MU out the plans and/or specifications of your I hereby request approval of the about fapproved, I agree to build in according to the about fapproved.	
SIGNED	DATE
as to adhere to all property boundaries. Approval expression of any opinion as to compliance with an property boundaries. Unless otherwise stated in the of the Restrictive Covenants. The Board is not response.	plying with all building codes and regulations and locating their improvements so of a plan by the Board or Architectural Committee shall NOT be construed as any building codes or regulations or the placement of improvements in adherence the remarks section below, all improvements must comply with all of the provision bonsible for lost or delayed mail with respect to applications.
BELOW	IS FOR INTERNAL USE ONLY
Date Received:	Date Reviewed:
Decision:	
Remarks:	
Board/Committee Signatures:	
C	
Board/Committee Signatures:	