



ARCHITECTURAL REVIEW FORM

** SPRING HILL HOME OWNERS ASSOCIATION, INC. **

Date of Request : _____

Name of Homeowners : _____

Address : _____

Telephone Number : (Home) _____ (Work) _____ **Lot Number** : _____

Please describe below the changes you propose to make to your property, including location, dimensions, materials, design, and colors. Be sure to INCLUDE A PROPERTY PLAT, or diagram showing the proposed changes.

Est. Completion Date: _____

Signature of Homeowner: _____

Please attach a detailed sketch or blueprint of your plans and mail the entire package to the following address:

Spring Hill Neighborhood HOA, Inc.
3465 S. Arlington Rd.
Suite E #120
Akron, Ohio 44312

You will receive a formal ruling on your proposal as soon as possible, within no more than 60 days.
This application is **NOT AUTHORIZED** until approved by the Architectural Committee.

ACTION TAKEN BY ARCHITECTURAL COMMITTEE:

DISAPPROVED: _____ POST INSPECTION DATE: _____

APPROVED: _____ NOTE : _____

DATE: _____ AC POC: _____

COMMITTEE
COMMENTS: _____
