

CANCEL/REMOVE



OFFICE USE ONLY

Date Rec'd: _____

Staff: _____

ACC Date: _____

ARCHITECTURAL CONTROL COMMITTEE

Cancel/Remove Application

TRACT: _____ LOT: _____

Name: _____

Address: _____

Phone: _____

Email: _____

PROJECT: _____

ACC Approval Date: _____

Please indicate improvement(s) to be cancelled and/or removed from permit application below.

Cancel Entirely ☐

Remove portion(s) ☐

1. _____

Signature of Property Owner

Date

CANCEL/REMOVE



ARCHITECTURAL CONTROL COMMITTEE
Cancel/Remove Application

TRACT _____ LOT _____

Approved by Architectural Committee:

Condition of Approval:

Date: _____

Rejected by Architectural Committee:

Condition of Rejection:

Date: _____

Comments:

