

SWANSWAY HOMEOWNERS ASSOCIATION REQUEST  
FOR ARCHITECTURAL CONTROL REVIEW

Date:

To: The Architectural Control Committee of the Swansway Homeowners Association

From:

Address:

Planned Start Date:

Description of Project:

For painting, please provide manufacturer and name or number of all colors you are proposing. Also provide a sample sheet for all colors.

Attachments:

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Approved by Committee

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Date

Upon approval, a signed copy will be returned to the homeowner