

**RAINTREE LAKE
APPLICATION FOR IMPROVEMENT
DECK OR PATIO**

DATE: _____

NAME OF APPLICANT: _____ PHONE: _____

LOCATION OF IMPROVEMENT: LOT: _____ ADDRESS: _____

TYPE OF IMPROVEMENT DECK/PATIO: _____

HEIGHT OF DECK RAIL: _____

DIMENSIONS OF DECK/PATIO: _____

TYPE OF MATERIAL TO BE USED: _____

DESCRIBE ELEVATION OF DECK: _____

BEGINNING DATE OF IMPROVEMENT: _____ COMPLETION DATE: _____

NOTE: A PLOT PLAN MUST BE ATTACHED WITH CHANGES INDICATED ON THE PLAN.

SIGNATURE OF APPLICANT

Office use:
Received by _____
Received on _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

APPROVED/DISAPPROVED: _____ DATE: _____

THIS APPLICATION IS HEREBY APPROVED/DISAPPROVED

ARCHITECTURAL REVIEW BOARD CHAIR

IF DISAPPROVED, LIST REASON(S) FOR DISAPPROVAL: _____
