## **BROOKRIDGE ESTATES** ARCHITECTURAL REVIEW BOARD REQUEST

	licant:			
Address:				
Phone:		Fax:		
E-mail:				
Contractor(s) (if diffe	erent than applicant):			
Estimated work start	date:	Estimated work completion date	<b>:</b>	
Please describe scope	of all proposed work below: Please	include color samples for exterior m	naterials (paint, siding, stone, brick,	
etc.) and any other info	ormation that may be helpful in consider	eration of this request.		
Signature of Owner/Applicant Printed		Printed Name of Owner/Applicant		
Digitature of Own	пет/тррпеціп	Timed Plante of Owner/Applicant	Date	
RETURN TO:	Mark Dunning	Phone: 719-0	Phone: 719-0219	
	501 NW Ambersham Drive	E-mail: 12m	E-mail: 12mdunning@gmail.com	
	Lee's Summit, MO 64081			
	*****TO BE CO	MPLETED BY ARB*****		
Received:		☐ Request approved	☐ Request disapproved	
Comments				
Comments.				
ARB Represent	tative:		Date:	