

ARCHITECTURAL BOARD OF REVIEW

REQUEST FOR REVIEW AND APPROVAL FORM

****NOTE: THIS FORM MUST BE SIGNED BY THE CLUSTER PRESIDENT SIGNIFYING APPROVAL PRIOR TO SUBMISSION TO THE OVPOA ABR. NO WORK IS TO PROCEED PRIOR TO ABR REVIEW AND APPROVAL. CLUSTER APPROVAL DOES NOT GIVE OWNER OR CLUSTER RIGHT TO PROCEED WITHOUT ABR APPROVAL****

OWNER INFORMATION

NAME: _____ **CLUSTER ADDRESS:** _____

CLUSTER APPROVAL

SIGNATURE PRESIDENT: _____ **DATE APPROVED:** _____

PRINTED NAME PRESIDENT: _____ **CONTACT PHONE:** _____

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### ARCHITECTURAL CHANGE REQUEST

DESCRIBE IN DETAIL-

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### ADDITIONAL INFORMATION REQUIRED

- ATTACH SUPPORTING DOCUMENTATION – VENDOR DRAWINGS, SPECS, PROPOSALS, ETC.
- ATTACH CLUSTER APPROVED POLICIES OR SPECIFICATIONS

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ACTION TAKEN BY ABR: _____

DATE LETTER SENT TO CLUSTER: _____