



Architectural Control Committee Request Form

Owner name: _____

Address: _____

Association: _____

Phone: _____ E-mail: _____

Please submit 1 ACC request per item for review

* Description of Project:

Project Start: _____ Project Finish: _____

* Please include a copy of your plat map to show where additions will be in relation to the house and property lines. Include all measurements, distance from house and property lines. If applicable, please include colors to be used and colors of existing buildings on property. If you do not have a copy of your plat map, please contact our office so we may assist you.

Incomplete ACC request will be returned to you for corrections and/or proper documentation required if not received upon submission.

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**For office use only**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Submitted to: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



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