SPRINGHURST HOMEOWNERS' ASSOCIATION

REQUEST FOR DIRECTOR APPROVAL

This form **MUST** accompany all requests

Date:	Lot #:	Addres	ss:	
Circle One:	Rowhome	Townhome	Single Family Home	
Owner(s): _			Phone:	
E-mail:				
This request	is for:			
() Type o () Actual () Plot pla Officia () A descr	f material used — drawing of item an showing the lo l County Plot Pla	color photos of with specification of the pron	the following information: materials. ons & dimensions. oposed submission in relation to the home – the olor photos of materials & drawing(s) are	
aiway	•	ndentures prior to	submitting any requests. This can save both	
2.	time and expense. Trustees' or Directors' approvals are based on style, type, size, and location of requested additions. Where any question (s) exist, the Indentures will be used as the determining guide, except in the case of Architectural Control			
3.	Committees whose determination will be final. Under no circumstances do Trustees' or Directors' approvals indicate full authorization. All Homeowners submitting requests should get the necessary			
4.	Governmental (city and/or county planning and building commissions') authorization for all planned work. If you proceed with work without getting all necessary approvals, you may be subject to legal proceedings as well as having to remove any unauthorized.			
5.	improvements. Formal written ap to onset of work.	proval may take ı	up to 45 days. Please allow enough time prior	
	Homeowner's Sig	nature		
Unless you a		ise, this request fo	orm along with all pertinent information should be	
		1 0	meowners Association /o CPM	
		Manches	lphur Spring Road ter, MO 63021	
	E	mail – customerse	ervice@cpmgateway.com	
 Signature – l	Director of the Boar	rd	 Date	