Wood Property Management
YOUR PARTNERS IN PROPERTY SUCCESS

ARCHITECTURAL REVIEW REQUEST FORM

608-716-9924 | bwood@woodpropertymgmt.com | woodpropertymgmt.com

Please complete all applicable fields. Incomplete forms may delay the review process.

PROPERTY INFORMATION

Association / Property Name:

Property Address:

Unit # / Suite #: Building (if applicable):

REQUESTOR INFORMATION

Name:

Phone Number: Alternate Phone:

Email Address:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text Message

PROJECT DETAILS

Date Submitted: Desired Start Date:

Describe the proposed improvement / change:

Location of Improvement (please be specific):

Type of Improvement (check all that apply):

- ☐ Exterior Modification / Addition
- ☐ Deck / Patio / Porch
- ☐ Fence / Wall
- ☐ Door / Window Replacement
- ☐ Roofing / Siding
- ☐ Solar Panels / Energy System
- ☐ Landscaping
- ☐ Pool / Hot Tub
- ☐ Play Equipment
- ☐ Other (please specify):

Will the project change the footprint or structural elements of the property? ☐ Yes ☐ No

Estimated Cost of Project:

REQUIRED DOCUMENTS (Please include with this request)

- ☐ Detailed description of materials, colors, and finishes
- ☐ Drawings, plans, or sketches (include dimensions)
- ☐ Product specifications, brochures, or photos
- ☐ Site plan showing location of improvement
- ☐ Any other information relevant to the request

ADDITIONAL NOTES OR INFORMATION

Have you obtained any required permits from local authorities (if applicable)? ☐ Yes ☐ No If yes, please list:

REQUESTOR ACKNOWLEDGMENT

I (we) understand that approval from the Association is required before starting any work. I (we) agree to comply with all governing documents, architectural guidelines, and applicable laws.

Signature: Date:

OFFICE USE ONLY

Date Received:

Received By:

Request #:

Property Manager:

Review Status (Please select one)

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied
- ☐ More Information Required

Board Approval Required?

☐ Yes ☐ No

If yes, Approval Date:

Review Notes / Conditions:

Approval Signature:

Date:

Applicant Notified: ☐ Yes ☐ No Notification Date:

Thank you!
We appreciate the opportunity to serve you.