

**LAKE KIOWA PROPERTY OWNERS ASSOCIATION  
APPLICATION FOR ARCHITECTURAL CONTROL PERMIT**

PERMIT # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**OWNER INFORMATION**

Lot # \_\_\_\_\_ Constituted Lot # \_\_\_\_\_ Owners Name \_\_\_\_\_

Project Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

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**CONTRACTOR INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form Contractor attests that he/she is fully cognizant of the LKPOA's ACC Handbook.  
Reference ACC Section 5.01 and 6.02

Contractors Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PROJECT INFORMATION**

Description \_\_\_\_\_

Estimated Sq. Feet \_\_\_\_\_

Planned Start Date \_\_\_\_\_ Est. Completion Date \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ (see Fee Calculation Sheet for further information)

*(To be Paid by Cash, Check or Charged to Lot #. Credit and Debit Cards are Not Accepted.)*

Permit Valid for \_\_\_\_\_ Days / Months / Year (from Date of Issuance)

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By signing this form owner attests that he/she is fully cognizant of the LKPOA's Restrictive Covenants, By Laws and Basic Information, Policy, Procedures and Rules and the Architectural Control Handbook.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date Received      Approved Architectural Control Signature      Date Approved      Date Issued