

Office Use Only

Homeowner Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

Date Received:
Date Responded
To Committee:
Approved:

Thank you for your submittal. Please give a detailed improvement plan and include additional pages if needed. If possible, include pictures and/or drawings of the planned improvement area. Include online links of the manufacturer for the committee to review as well as products and/or colors. **You must submit pictures of the neighbors to the left and right of you for all paint requests.** Paint schemes are available online at [www.eqhihoa.com/architectural-control](http://www.eqhihoa.com/architectural-control). Be prepared to paint 10"x10" swatches on your garage door, if selecting a color scheme that is not part of the approved list. Include body, trim, and accent color name and number. Accent is considered the front door and shutters only. **Please print clearly or save this file to type on it, save it, then submit via email.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Web Page(s): \_\_\_\_\_

Planned Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Please note that the ACC has up to 45 days to respond to your request. We will make every effort to meet your planned start date requests. **Note:** If you have not been contacted by management, please do not assume your form was received, and for your protection do not begin any changes or improvements until you have received written approval from your ACC through management. I understand that I must receive approval from the Architectural Control Committee (ACC) prior to and in order to proceed. I understand that ACC approval does not constitute approval of all codes or the City of Aurora requirements. I agree to complete improvements to the specifications giving in this document after receiving approval. If you disagree with a decision of the ACC committee, you may submit a request for reconsideration and document the reasons the decision should be overturned and your application will be reviewed again. I have read the instructions sheet and will comply.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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\_\_\_\_ ACC approved as submitted \_\_\_\_\_ Paint 10"x10" area visible from street  
 \_\_\_\_ ACC approved with the following requirements:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_ ACC denied request for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_

Note: \_\_\_\_\_

Committee Member's Signature: \_\_\_\_\_

Please submit this request and all supporting documentation to:  
**East Quincy Highlands II HOA through the portal [home.amihoa.com](http://home.amihoa.com) or [clientcare@amihoa.com](mailto:clientcare@amihoa.com)**