

Blue Horizon
Architectural Control Committee – Design Review Request Form

Date Submitted: _____

Homeowner Name: _____

Property Address: _____

Phone Number: _____ **Email:** _____

Request Based on Disability (if applicable):
Supporting documentation enclosed with application.

Complete Description of Planned Project: _____

Attach The Following, As Applicable (complete information facilitates processing):

- Drawing and/or map with dimensional details
- Product brochure and/or picture
- Sample materials
- Paint or stain color chips

Submit This Form & Attachments To: MGM Management
PO Box 1246
Meridian, ID 83680

Phone: 208-846-9189
Fax: 208-955-2675
Email: mgm@gomgm.com

REVIEW PROCESS (Allow 2-4 Weeks for Processing):

Date Received By MGM Management: _____
Date Forwarded To Committee: _____

Received Via: _____
Sent Via: _____

DECISION (Include CC&R Sections Where Appropriate):

_____ **Approved**, with the following conditions: _____

_____ **Not Approved**, for the following reasons: _____

ACC Member Signature: _____

ACC Member Signature: _____

ACC Member Signature: _____

Date Decision Received By MGM Management: _____

Date Response Letter (copy attached) Sent to Resident: _____

FOLLOW-UP (if applicable): _____

