

# THE VINES COMMUNITY ASSOCIATION ARCHITECTURAL REVIEW EXTENSION FORM

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Original Start Date: \_\_\_\_\_ Original Completion Date: \_\_\_\_\_

Revised Start Date: \_\_\_\_\_ Revised Completion Date: \_\_\_\_\_

Dumpster Required: Yes: \_\_\_\_\_ No: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for requested extension:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_