

SUGARBERRY AT RIDGEFIELD
ARCHITECTURAL REQUEST FORM

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

CITY, STATE, ZIP: Bloomington, Indiana 47404

ASSOC: Sugarberry at Ridgefield

REQUEST (Provide Drawing and Specifications as needed)

APPROVED DATE: _____

DESIRED DATE: _____

RESPONSE:

All ARF must be approved by a Board member of this association prior to the ARC

Board Signature of Association

Signature of ARC Chairperson