

STILLWATERS NO COST REPAIR PERMIT APPLICATION

STILLWATERS RESIDENTIAL ASSOCIATION, INC.
1816 STILLWATERS DR., DADEVILLE, AL 36853
Phone 256-825-2990 Fax 256-825 2991

Owner/Applicant

Name(s): _____
StillWaters Address: _____
City _____ State _____ Zip Code _____
Phone (Day) _____ (Night) _____

DATE: _____

Site Information

Lot # _____
Subdivision _____
Address _____
Covenant _____
Septic [] Sewer []

CONTRACTOR INFORMATION

Name _____ Address _____
Phone (Day) _____
Phone (Night) _____

SUPERVISOR/FOREMAN

Name _____
Phone (Day) _____
Phone (Night) _____

BRIEF DISCRIPTION OF REPAIR WORK

I certify that I have read and understand the "Amended and Restated Declaration of Restrictions and Protective Covenants for StillWaters" and will meet the requirements and restrictions as set forth therein. I will be in compliance with the Southern Building Code.

OWNER: _____
Signature required

Date _____

CONTRACTOR: _____
Signature required

Date _____

The scope of review by the Architectural Committee is limited to appearance only and does not include any responsibility or authority to review for structural soundness, compliance with building or zoning codes or standards, or any other similar or dissimilar factors.

*****ARCHITECTURAL COMMITTEE USE ONLY*****

Date Received _____

Date Reviewed _____

REVIEWING MEMBERS: (1) _____ (2) _____

(3) _____ (4) _____

BUILDING PERMIT NUMBER _____

DATE ISSUED _____

