

PINNACLE MUSEUM TOWER ASSOCIATION

EXHIBIT A ARCHITECTURAL REQUEST FOR APPROVAL

Please complete in triplicate Exhibit A, B, and C including pertinent information regarding the proposed improvement and submit all copies to your onsite Facility Director.

Owner Name: _____ Date of Request: _____

Address: _____

Work Phone: _____ Home Phone: _____

Proposed Start Date: _____ Proposed Completion Date: _____

Name of Contractor: _____ Contractor's License #: _____

Items Attached: ☐ Plot ☐ Rendering ☐ Cross Section ☐ Photo ☐ Other: _____

Description of Improvement/Landscaping:
(include location, dimensions, description of materials and color schemes)

☐ Request Review of Architectural Committee OR ☐ Appeal Request to the Board of Directors

Architectural Committee Use Only

Date Received: _____ ☐ Approved ☐ Approved with Following Conditions ☐ Disapproved

Comments _____

Date: _____ Signature: _____

Board of Directors Use Only

Date Received: _____ ☐ Approved ☐ Approved with Following Conditions ☐ Disapproved

Comments: _____

Date: _____ Signature: _____