

Kiwanda Shores Maintenance Association

Email this form to: [KSMAboard@kiwandashores.org](mailto:KSMAboard@kiwandashores.org)

Submittal Date \_\_\_\_\_, 2\_\_\_\_

Addition \_\_\_\_\_ Lot Number \_\_\_\_\_

Beach Street Address \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ 2\_\_\_\_

Square Footage of Lot: \_\_\_\_\_

Square Footage of House \_\_\_\_\_ One Story \_\_\_\_\_ Two Stories \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

OK to receive notices by email?

Yes                      No

Type of Submittal

- Roof Replacement                       Siding Replacement
- Window Replacement                       Exterior Painting
- New Patio/Deck                       Privacy Wall/Screen
- Planting/Natural Landscaping                       Site work (walks & driveways)
- Other (specify) \_\_\_\_\_

Contractor \_\_\_\_\_ Landscaper \_\_\_\_\_

Address \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Description of Work; please describe fully and in detail. Use another sheet or describe in email, if necessary. Provide color samples, construction materials and planting list, if applicable.

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*Architectural Control Committee use only:*

Conditions of Approval:

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Approved: Date \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Chair, ACC

\_\_\_\_\_  
President, KSMA (if required)