



ARBOR GROVE
Arbor Grove Subdivision

ARCHITECTURAL CHANGE REQUEST FORM

First Name _____ Last Name _____ Date Submitted _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Lot Number _____

Estimated Start Date _____ Estimated End Date _____

Briefly describe the architectural changes you are proposing and **attach** proposed drawings.

Owner Signature _____ Date _____

Received by _____ Date _____

Comments from Architectural Control Committee:

Committee Signature _____ Date _____

When the above is completed, please sign and return with details, sketches to:

If submitting by email: jeff@acadiana-group.com and casey@patterson-homes.com

If submitting by mail: Arbor Grove, LLC

6199 Morgan Road

Greenwell Springs, LA 70739