



ARCHITECTURAL CONTROL COMMITTEE APPLICATION

NAME _____

ADDRESS _____

PHONE: _____ EMAIL: _____

PLEASE ANSWER THE FOLLOWING: (Use the back of the form if necessary)

1. How much time do you feel you could devote to the committee on a weekly basis? _____

2. Would you be able to attend monthly meetings? _____

3. If in the military, when do you expect to deploy or be reassigned? _____

4. How long have you lived in Chimney Hill? _____

5. Are you interested in co-chairing the committee, if asked? _____

6. Would you be willing to receive calls at home concerning the committee? _____

7. Do you have any qualifications or experience in dealing with Architectural Control? _____ If yes, please explain. _____

8. Do you feel you would be able to make unbiased decisions based on the overall continuity and appearance of the community? Please explain. _____

