

PAINT/COLOR APPLICATION ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE ALL PAGES

NOTE: Must complete application prior to submittal (must include roof sample and paint chips)

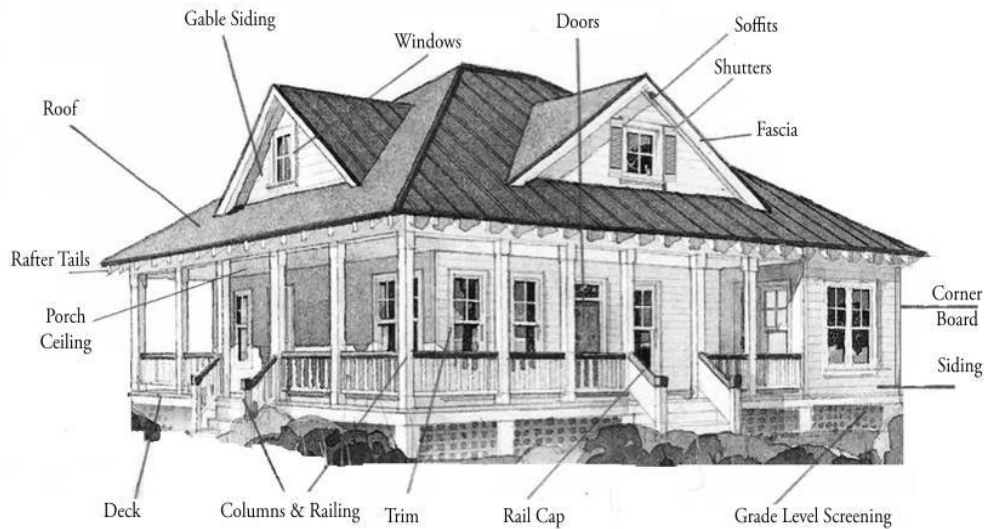
Date: _____

Lot # _____ MI House # _____ MI Street Name _____

Property Owner _____

Mailing Address _____

Telephone _____ Email _____



MANUFACTURER-PROVIDED ROOFING SAMPLE REQUIRED

Roof:

Color/Number _____

Manufacturer _____

Material _____

Metal Roofing - Manufacturer's Reflective index number/sheen rating _____

MUST ATTACH MANUFACTURER-PROVIDED PAINT CHIPS BELOW

Main body of the Bldg.:

Color/Number _____

Paint Mfg. _____

Rafters/ Soffits:

Color/Number _____

Paint Mfg. _____

Windows:

Color/Number _____

Paint Mfg. _____

Trim:

Color/Number _____

Paint Mfg. _____

Exterior Doors:

Color/Number _____

Paint Mfg. _____

Grade Level Screening:

Color/Number _____

Paint Mfg. _____

Porch Ceiling:

Color/Number _____

Paint Mfg. _____

Window Shutters

Color/Number _____

Paint Mfg. _____

Deck:

Color/Number _____

Paint Mfg. _____

Columns and Railing:

Color/Number _____

Paint Mfg. _____

Garage Doors:

Color/Number _____

Paint Mfg. _____

Other Accents:

Rafter tails, cap rail, etc.

Color/Number _____

Paint Mfg. _____

**PLEASE SEND TO THE ARCHITECTURAL
REVIEW COORDINATOR MI ARCHITECTURAL
REVIEW COMMITTEE (MI ARC)**

PO Box 3030
Bald Head Island, North Carolina 28461-7000
910-457-4676