

SOUTH BAY COMMUNITY ASSOCIATION  
Architectural Review Committee

**REQUEST FOR A TIME EXTENSION OF AN APPROVED PROJECT**

Date of this Application: \_\_\_\_\_

Name(s) of Applicant(s): \_\_\_\_\_

Village: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Street Address:  
\_\_\_\_\_

Number of the Previously Approved Project Application: **ARC** \_\_\_\_\_--\_\_\_\_\_

Reason(s) Why Time Extension Is Necessary:

Desired End Date of Extended Time Period: \_\_\_\_\_



**ARC Decision**

<u>ARC Member</u>	<u>Date</u>	<u>Approved</u>	<u>Disapproved</u>	<u>Conditional Approval</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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