Warner Creek Homeowners Association Construction Application

Print this form and mail it to: PO Box 512, Saline, MI 48176 or fill it out and email to: ARB@warnercreek.com

Site Address Where Work Is To Be Performed -Requester's Name: _____ Date: _____ Telephone #: ______ Alternate Number: _____ Address: Email City: _____ State: ____ Zip: ____ Contractor's Name (or Individual doing the work): Address: _____ ______ State: _____ Zip: _____ Architect or Engineer: _____ City: _____ State: ____ Zip: _____ Describe in Details all work to be done (Include all required information including construction drawings and Site Plans) Attach additional pages if needed. Anticipated Start Date: _____ Anticipated Ending Date: ____ Signature of Owner: Approved Not Approved Association Decision/Comments: