THE GALENA TERRITORY ASSOCIATION, INC.

File #: _____

Change #: _____

GTA Action: _____

Date: _____

Initials:

ARCHITECTURAL REVIEW COMMITTEE

APPLICATION FOR ARCHITECTURAL CHANGE

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

UNIT & LOT NUMBER: _____

TERRITORY ADDRESS: _____

THIS APPLICATION IS FOR ARCHITECTURAL CHANGE APPROVAL OF:

_____HOUSE _____GARAGE _____OTHER: _____

Description of change: _____

Dispute Resolution and Grievance Procedure

Any controversy or claim arising out of or relating to this "Application for Architectural Change", the Architectural Review Committee process for examining and approving or disapproving it, or the application of the Architectural Guidelines and Review Procedures of the Galena Territory Association, Inc., shall be resolved pursuant to the Dispute Resolution and Grievance Procedure contained in rule R of the rules and Regulations of the Galena Territory Association, Inc.

DATE : _____ SIGNATURE OF APPLICANT: _____