



**THE GALENA TERRITORY
ASSOCIATION, INC.**

**ARCHITECTURAL REVIEW COMMITTEE
APPLICATION FOR COLOR CHANGE**

File #: _____
Change #: _____
GTA Action: _____
Date: _____
Initials: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

UNIT & LOT NUMBER: _____

TERRITORY ADDRESS: _____

THIS APPLICATION IS FOR ARCHITECTURAL CHANGE APPROVAL OF:

_____ HOUSE _____ GARAGE _____ OTHER: _____

	PRESENT COLORS ON HOUSE OR AS SUBMITTED	PROPOSED COLORS BRAND & COLOR
ROOFING(SHINGLES)	_____	_____
EXTERIOR SIDING	_____	_____
GARAGE DOOR	_____	_____
TRIM: (Facia & Face Boards)	_____	_____
FRONT DOOR	_____	_____
OTHER ENTRY DOORS	_____	_____
WINDOW COLOR	_____	_____
OTHER (i.e. shutters)	_____	_____

Dispute Resolution and Grievance Procedure

Any controversy or claim arising out of or relating to this "Color Change Application", 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, 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: _____