

FOUR CORNERS ESTATES ARCHITECTURAL/RESTRICTION COMMITTEE

APPLICATION FOR NEW CONSTRUCTION FENCES

DATE ____/____/____

OWNER(S) NAME _____ PHONE # _____

CONTRACTOR _____ PHONE # _____

SITE ADDRESS _____ PHASE _____ LOT/S # _____

COMPLETE DESCRIPTION OF THE FENCING CONSTRUCTION: SITE MAP, BUILDING PLANS.

LOCATION AND DIMENSION OF FENCING _____

(Requirements: **Phase V** no fences allowed in front of the primary residence)

HEIGHT OF FENCING _____

(Requirements: **Phase I, II, III, IV** fences in front of the primary residence are height restricted to 5 feet)

TYPE OF FENCING _____

(Requirements: : **Phase I, II, III, IV** no chain link, privacy/solid panel, barbed or T-post fencing allowed in front of the primary residence.)

APPLICATION SIGNATURES:

SIGNATURE _____ DATE _____

(Lot owner signature)

SEND COMPLETED FORM AND ALL DOCUMENTS TO: restrictions@fourcornersestatespoa.com