Key West Golf Club Homeowners Association

305 Whitehead Street, Key West, FL 33040

305.296.0556 Office 305.293.0251 Fax

Email: Info@cackw.com www.kwgchoa.com

ARCHITECTURAL REVIEW COMMITTEE REQUEST

Name of Applicant: _____

Address of Unit: _____

Phone: _____ Email: _____

Type of House: ☐ Conch ☐ Bungalow ☐ Cottage ☐ Freestanding Cottage ☐ Great House

Requested Change: (Please provide detailed information regarding the proposed changes to be made. Attach plans, photos & other documents as required to describe & complete project)

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Date abutters notified: _____ Date Abutters approved: _____

Please attach Abutters' approval letters

FOR COMMITTEE USE ONLY:

Date of Hearing: _____ Date of Decision: _____

Committee Notes:

Committee: ☐ Approved ☐ Rejected Date Owner Notified: _____