

**TIMBER CREEK CROSSING VILLAGE HOMES**  
**ASSOCIATION**

c/o of New Concepts Management Group  
5707 Excelsior Boulevard, St. Louis Park, MN 55416  
Phone: 952-922-2500 Fax: 952-922-5400 e-mail: katieg@ncmgi.com

**ARCHITECTURAL CONTROL FORM**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIPTION OF ADDITION or ALTERATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MATERIAL TO BE USED \_\_\_\_\_

APPROXIMATE COST \_\_\_\_\_

CONTRACTOR/BUILDER \_\_\_\_\_

DIAGRAM YOUR CHANGES ON THE DRAWING (INCLUDE DIMENSIONS)

Please submit the contractors' certificate of insurance and your application to the address above **before** any work is started. The board will review and respond to the application.

**DO NOT WRITE IN THIS SPACE**      **DATE REC'D** \_\_\_\_\_ **DATE APPRVD** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_