

Improvement Request

NAME	DATE OF APPLICATION	
PROPERTY ADDRESS		ZIP
MAILING ADDRESS		
CITY	STATE	ZIP
BUSINESS PHONE	HOME PHONE	EMAIL
SUBDIVISION NAME		
I WOULD LIKE TO REQUEST APPROVA	L FOR THE FOLLOWING EXTERIOR CHANGES:	
	(TYPE OF IMPROVEMENT AS PER ATTACHED DR	AWING)
HOMEOWNERS SIGNATURE		DATE
NEIGHBOR APPROVAL: (Required only for	r property line and/or wall improvements and modifications)	All impacted owners must sign.
NEIGHBOR'S SIGNATURE		DATE
NEIGHBOR'S SIGNATURE		DATE
NEIGHBOR'S SIGNATURE		DATE

MAIL TO:

Summerlin North Community Association Design Review Committee 2120 Snow Trail Las Vegas NV 89134 (702) 838-5500 FAX (702) 838-5599

Email: SCAComments@howardhughes.com