Architectural Control Application
Required for Any Alterations to
Exterior Building or Landscaping

FILL OUT AND RETURN TO: Date: _____

PAHA
Attn: Joelen Hansen, Secretary
14224 Park Ave South
Burnsville, MN 55337
952.679.0196
joelen626@gmail.com

Homeowner(s): _____

Address: _____

Phone: _____

Email(s): _____

1. Type of Addition or Alteration: _____
2. Description: Size along with detailed plans and diagram (if applicable).

   _____

   _____

   _____
3. Type of Materials/paint/stain to be used: _____

   _____
4. Talk to roofmate: ☐ Yes ☐ No ☐ N/A
5. Contractor: Name: _____

   Address: _____

   Phone: _____ License #: _____
6. Permit obtained from City: ☐ Yes ☐ No ☐ N/A ☐ Copy of Permit Attached (if applicable)
7. Date work will Start: _____ Date work will be Finished: _____ (including painting or staining)

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PAHA Board of Directors:

☐ Approved ☐ Approved with Exceptions: _____

☐ Denied - Reason: _____

Date: _____