

K. Hovnanian's Four Seasons at Bakersfield Community Association, Inc.
Architectural Standards and Procedures

PROJECT EXTENSION REQUEST

Homeowner: _____

Address: _____ Bakersfield, CA

Original Completion Date: _____

New Completion Date Requesting: _____

Please briefly describing why you are requesting an extension:

Homeowner Signature: _____ Date: _____

THIS SECTION FOR OFFICE/ARCHITECTURAL REVIEW COMMITTEE USE ONLY:

Approved

Disapproved

Date: _____

Request for extension is disapproved for the following reason:

Your completion date is _____.

ARC Chair Signature: _____