



ARCHITECTUTRAL CONTROL
COMMITTEE (ACC)
APPROVAL REQUEST FORM

Complete form and email to:
cocalakelife@gmail.com

Homeowner Name _____

Homeowner Address _____

City, State, Zip: _____

Email: _____

Type of Improvement Requested:

Drawing/Prints Attached: Yes ___ No

Georgia Residential Contractor's License attached (required) _____
Date of Completion _____

ACC Response:
Plans Approved _____ Date _____

____ Plans Approved, Pending Clarification of the Following:

____ Plans Not Approved for the Following Reason(s)

ACC Members Reviewing Request:

Printed Name

Signature Date _____

Printed Name

Signature Date _____