Kiwanda Shores Maintenance Association

Email this form to: ksmaboard@googlegroups.com

Submittal Date_____, 2___

Addition_____Lot Number _____

Beach Street Address _____

Anticipated Start Date:_____2_____

Square Footage of Lot: _____

Square Footage of House_____One Story_____Two Stories _____

Property Owner(s)_____

Address_____

City_____State_____Zip Code_____

Home Phone_____Business Phone_____

E-mail _____

OK to receive notices by email?
Yes ☐ No ☐

Type of Submittal

☐ Roof Replacement
☐ Siding Replacement
☐ Window Replacement
☐ Exterior Painting
☐ New Patio/Deck
☐ Privacy Wall/Screen
☐ Planting/Natural Landscaping
☐ Site work (walks & driveways)
☐ Other (specify) _____

Contractor _____ Landscaper _____
Address _____ Phone/Fax _____

Description of Work; please describe fully and in detail. Use another sheet or describe in email, if necessary. Provide color samples, construction materials and planting list, if applicable.

_____
_____
_____
_____

Architectural Control Committee use only:

Conditions of Approval:

_____

_____

Approved: Date _____ By _____

_____ _____

Chair, ACC President, KSMA (if required)