



RIVER NORTH ASSOCIATION
RIVER COMMUNITIES' ASSOCIATION
103 RIVER NORTH BLVD
MACON, GA 31211
478-743-1406

Architectural Control Committee
Permit Request Form

Date of Request:
Residents Name:
Residents Address:
Residents Contact Number:

(Please Check One)
Self-Project:
Contracted Project: (please complete below)

Contractors Name:
Contractors Contact Number:

Project Type: (if other, please provide additional information under description)
Expected Time-Frame for Project: Start Date: Estimated End Date:
Diagram Submitted:
Photographs Submitted:

Description of Project: (please be as specific as possible)

Submitting Residents Signature: _____