

MISSION BAY DESIGN REVIEW COMMITTEE

IMPROVEMENTS REVIEW FORM

Mission Bay Homeowner's Association P.O. Box 1775 Polson, MT 59860

Date:		·				
Property Owner's Name(s): Phone Number: Mission Bay Address: Mailing address if different:						
Email Address:						
Proposed Dates of Project : St		meline for compl				
Contact Information for Architect/0 Name: Mailing Address: Telephone Number(s):						
The following improvements requi for approval (see page V-57 of the					mmittee ((MBDRC)
 New construction or installation Any site construction or dwellin Installation or modification of la systems, recreation areas and su Subsequent changes or other i and/or constructed structure (inclute the same design review procedure 	g unit co ndscape rface dra mproven uding pai	onstruction require, hardscape, tree in hardscape, tree in hardscape, tree in hards to the proper int color change)	ing a building pe es, shrubs, plant erty after comple landscaping, et	ermit from thes, irrigation etion of the l	ne City of or draina	Polson ge oproved
A non-refundable submittal fee review of submitted documents of Polson building permit.						
Briefly explain the proposed impropictures, or further explanation on				ttach plans,	diagrams	S,
NOTE: If the project will include a samples with this form. Samples or on 8 ½" X 11" pieces of paper.	of paint c	colors should be	submitted either			
	Do	o not write below th	is line			
Approved:		MBDRC	Denied:			