

P.O. Box 8065 SAINT JOSEPH, MO 64508 www.stonecresthomesassoc.com Office Phone: 816.427.8663

CONSTRUCTION APPROVAL FORM

INSTRUCTIONS: Please provide the information requested below. Additionally, visit https://buchanangis.integritygis.com and obtain an image of the property for which approval is sought. Mark this image with the proposed construction and submit it to Stoncrest Homes Association along with this completed form. Submit your request for approval at least 7 days in advance of the planned construction.

			Proper	Property Owner: Owner's Email:	
			Owner		
Type of Project:	:				
Gence	🖵 Driveway	Garage	Gther		
Explain type of	material, harmon	y of external des	sign with existin	g structure and location (per restriction #7)	
Certification: I, stand the Stonecrest Homes Association Declaration of R I further certify that it is my good faith belief that the pro-			ion of Restrictio	Restrictions, particularly #1, #3, #5, #6, #7, #12 & #19.	
all Stonecrest H	lomes Association	Restrictions.			
Date	Signature o	of Owner		Signature of Owner	
Building Permit	ts Certification: U			Stonecrest Homes Association, I, hat I, or my contractor, will obtain a building	
permit from the	e City of St. Joseph	n, Missouri (Buil	ding Developme	ent, Room 107, 1100 Frederick Avenue, St.	
	4501, (816) 271-47 tion before constru	-	ning a building	permit, I will submit a copy to the Stonecrest	
Date	Signature o	of Owner		Signature of Owner	
Mail C	ompleted Form To	: Stonecrest Ho	omes Associatio	on, PO Box 8065, St. Joseph, MO 64508	
	or Sca	n and Email To:	office@stonec	resthomesassoc.com	
STONECREST HO	MES ASSOCIATION I	BOARD APPROVA	L:		
Date 1	·		Date	2	
Date 3	8		Date	4	