

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.

Property Address:		Property Owner:
Owner's Phone:		Owner's Email:
Type of Project:		
☐ Fence	☐ Driveway ☐ Garage	☐ Other
Explain type of ma	terial, harmony of external de	esign with existing structure and location (per restriction #7)
Certification: I,		, hereby certify that I/we have read and under-
I further certify that		ation of Restrictions, particularly #1, #3, #5, #6, #7, #12 & #19. at the project herein submitted for approval does comply with
Date	Signature of Owner	Signature of Owner
		approval by the Stonecrest Homes Association, I, , hereby certify that I, or my contractor, will obtain a building
permit from the Ci Josephp, MO 6450	ity of St. Joseph, Missouri (Bu	ilding Development, Room 107, 1100 Frederick Avenue, St. aining a building permit, I will submit a copy to the Stonecrest
Date	Signature of Owner	Signature of Owner
Mail Com		Homes Association, PO Box 8065, St. Joseph, MO 64508
STONEOPECT HOME		o: office@stonecresthomesassoc.com
	S ASSOCIATION BOARD APPROV	
Date 1		Date 2
Date 3		Date 4