

Issaquah Highlands Architectural Review: Solar Panel Installation Application for Supplemental Neighborhoods Only

Date: _____

Owner Name: _____

Address: _____

Phone Number _____
Work/Home/Cell

Email: _____

Estimated start date: _____

Estimated completion date: _____

***You will be notified via email of the ARC committee and IHCA directors ruling.**

Please see attached Guidelines for IHCA architectural request process for solar panels and agreement.

Homeowner Signature (required):

Please note: You must be the owner on record to make this request.

☐ Approved

☐ Approved with conditions

☐ Denied

Reasons/Conditions _____

Committee Member: _____

Date: _____