ARCHITECTURAL REVIEW APPLICATION

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FILL OUT COMPLETELY

Please submit this application, diagrams or drawings, and plat plans to the Property Manager at the above address. **NO REQUEST WILL BE CONSIDERED UNLESS COMPLETE.** The architectural review committee will review this application and approve or disapprove within the time frame allowed by the association governing documents.

Ple	lease review your community's governing documents before submitting this form.	
NE	NEIGHBORHOOD NAME:	
	PROPERTY OWNED BY:	
	ADDRESS:	
PH	PHONE NUMBERS (if there are questions we must be able to contact you):	
	WISH TO RECEIVE NOTIFICATION OF APPROVAL/DISAPPROVAL BY: PLEASE SELECT ONLY ONE OPTION)	
	□ Email:	
	□ Fax:	
	□ Postal Mail:	
EV 1. 2. 3. 4. 5. 6. 7. 8.	date Include front and side view elevations with dimensions Include location and depth of any required cuts or fills in the soil Show the location of any existing utilities or drainage courses (if applicable or in close proximity) Utilities must be marked by contractors before any digging is permitted Secure building permit(s) required (if applicable) Association is not responsible for fence removal/deconstruction by officials/entities exercising access rights to easements	t start
NA	NATURE OF IMPROVEMENT: Attach plat plan, diagrams or drawings to help explain.	
C0	CONTRACTOR NAME AND PHONE NUMBER (if applicable):	

TYPE OF MATERIALS, DIMENSIONS/COLOR (if applicable):			
LOCATION OF ADDITION/CHANGE and change.	E: Attach a plat plan of lot showing location of home and propo	osed addition	
ESTIMATED START DATE:			
ESTIMATED COMPLETION DATE:			
	eration/change/structure by the committee is in no way a certicecordance with government rules or codes.	fication that	
Signature of Applicant	Date		
Office Use Only			
Approved/Denied By Architectural Review Committee	Date		
Additional Remarks:			
Date Received:			
Response Deadline:			