

Architectural Review Application

Homeowner Name:							
Homeowner Address:		Lot #:Email Address:					
Homeowner Phone:							
Date-Homeowner Request:			Date Receive	ed by AR	C:		
Application for: New Home	e <u> </u>	rior Alteration	Landscaping	<u>.</u>	_Other	Contractor:	
License	#:		Pho	one:	A	Anticipated start date if	
approved:Anticipa	ated constru	ction time:					
Architectural Change requeste extension of existing structure (pavers etc.							ol
1							
Committee Approval: 2.	Yes	No	_ Date	Board	Yes _	No Date	
Committee Approval: 3.				Board	Yes _	No Date	
Committee Approval: 4.	Yes	No	_ Date	Board	Yes _	No Date	
Committee Approval:	Yes	No	_ Date	Board	Yes _	No Date	
Site Plan Drawing Attached:	Yes	No	Permit(s) required	:	Yes	No	
Architectural Plans Attached:	Yes	No					
Sample / color swatches provided	Yes	No	(Roof color/house	e color/pa	vers/etc.)		
Variance needed:	Yes	_No	Variance Form Att	tached		YesNo	
Recommended by Committee:	Yes	No	Board Approval	Yes_	No	Date	
Homeowner Signature:							
Please submit to ARC via e-mail			-				onth
ARC Review Committee:							

Approval or Rejection Letter sent to Homeowner dated: ____