



**ARCHITECTURAL REVIEW BOARD
REQUEST FOR ARCHITECTURAL CHANGE / ADDITION**

Work may **NOT** begin until written approval is received.

Date submitted: _____ Owner's email address: _____

Owners Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work or alternate phone : _____

Provide a description of the change or addition you would like to make. Include the architectural drawings, sketches, pictures of items, contractor's plans, the material the item is made of and any other information that you are able to provide.

Proposed start date: _____ Proposed completion date: _____

NOTE: Approval can take up to 30 days, please plan accordingly. You may not start any part of the project until you receive your approved ARB application.

Approval of the homeowner's project by the Architectural Review Board does not relieve the homeowner of any liability for harms to common property, the neighbors, or their properties, to workers, or any others. Nor does it transfer any such liability to the HOA, board, or committee members. The homeowner is required to hold property liability insurance for homeowner's property, and it is required for the homeowner to request proper insurance certification from the trade people and contractors to be employed by the homeowner. The Architectural Review Board reserves the right to inspect the approved project for compliance with the request.

If work is not completed in 6 months, another form must be submitted for approval. For your protection, inquire with the city, county or other government agency regarding required permits before starting any work on your property, approval of any structure or architectural change / addition by the ARB is in no way a certification that the structure change / addition has been built in accordance with local rules and regulations or that the structure complies with any building practice or design.

Do not write below this line.

Approved _____ Denied _____

Approved with stipulations? Yes _____ No _____

If so, listed are the stipulations

Signature of approval _____ Date approved _____

Print Name of approval _____