

ARCHITECTURAL APPLICATION (ARC)

Association Name: _____

Owner's Name: _____ Anticipated Start Date: _____

Property Street Address: _____ Unit/Lot #: _____

Daytime Telephone #: _____ E-mail: _____

Provide a description of the proposed improvement(s).

NEIGHBOR ADVISEMENT: It has been determined that it is in the best interest of all parties to advise your neighbors of any proposed improvements to your property and it is requested that you have your adjacent neighbors sign where indicated.

Neighbor's Signature

Address

Objections

_____	_____	_____
_____	_____	_____
_____	_____	_____

Objections by neighbors do not mean disapproval of the request. Objections will be reviewed by the Architectural Review Committee or Board.

SUBMITTAL: In addition to the application form, please include the following:

1. Description of the improvement.
2. Location of the improvement.
3. Materials to be used and color of materials.
4. Detailed drawing of improvements.
5. Name of person/contractor doing the work. Also include the Contractor's CCB license number, Certificate of Insurance listing the association as an additional insured, and an email or letter from the vendors insurance agent stating that they don't have any exclusions for working on multi-family, multi-level, attached housing or condominium (if applicable) properties
6. The Association reserves the right to see a copy of all work invoices to determine the actual construction done.

