

Date received _____ Date returned _____

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

This request form to be completed by the homeowner and submitted to the ARC for approval BEFORE Any work commences. Please refer to your Declaration of Covenants, Conditions and Restrictions for a description of the ARC and its purpose.

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THIS SECTION TO BE COMPLETED BY HOMEOWNER

ASSOCIATION NAME: _____ DATE _____

NAME: _____

ADDRESS: _____ E-MAIL ADDRESS _____

PHONE:(HOME) _____ (WORK) _____ (CELL) _____

DESCRIBE THE CHANGE / ADDITIONAL/INSTALLATION: (i.e. repaint exterior, screen enclosure, pool, landscape, change, driveway change, gutters, storm shutters, etc.)

LOCATION: (attach a copy of a survey map, site plan with a suitable diagram showing where the addition is located.)

SPECIFICATIONS: (attach copies of plans, estimates or pictures, paint color samples, landscaping for Pools)
Dimentions: _____

Materials: _____

Color(s): _____

Note: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if the ARC approves your request. Such approval will be for one (1) year from the date of issue for the project to commence. Failure for the project to commence within the one (1) year time period will require the application to be re-submitted to the ARC for approval before the project can commence.

SECTION TO BE COMPLETED BY THE ESTATES ARCHITECTURAL REVIEW COMMITTEE

REQUEST: Date Approved: _____ Date Not Approved: _____

ARC Chairperson Signature: _____

COMMENTS: _____

_____ Agreed _____ Opposed