

# APPLICATION FOR ARCHITECTURAL IMPROVEMENT

HOA Account # \_\_\_\_\_

THOA Account # \_\_\_\_\_

For complete information on the Architectural Review Committee and procedures, please refer to the ARC Guidelines and the Declaration of Covenants, Conditions and Restrictions. Please be sure to fill out this form in its entirety, to include any supporting documentation as required by the ARC Guidelines.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SINGLE FAMILY:

TOWNHOUSE:

ADDRESS: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT SIDING COLOR: \_\_\_\_\_ CURRENT ROOF COLOR: \_\_\_\_\_

CURRENT TRIM COLOR: \_\_\_\_\_ CURRENT WINDOW COLOR/MATERIAL: \_\_\_\_\_

DESCRIPTION OF PROPOSED IMPROVEMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Contractor's Name:* \_\_\_\_\_ *License #:* \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_

ESTIMATED END DATE: \_\_\_\_\_

I agree to comply with the Declaration of Covenants, Conditions and Restrictions, ARC Guidelines and County building codes in making the above improvement(s). Permission is hereby granted for the members of the ARC and appropriate SRHOA staff to enter onto my property to make reasonable inspections of the requested improvement location (s). **I understand that the display of Contractor signs is NOT permitted.**

\_\_\_\_\_  
OWNERS SIGNATURE

\_\_\_\_\_  
DATE

ARC DECISION

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