

# APPLICATION FOR ARCHITECTURAL IMPROVEMENT

\*\* Please email application to [admin.assistant@srhoa.com](mailto:admin.assistant@srhoa.com) or drop off at the office\*\*

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

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

For complete information on the Architectural Review Committee and procedures, please refer to the ARC Guidelines and Declarations of Covenants, Conditions, and Restrictions. Please be sure to include any supporting documentation as required by the ARC Guidelines.

APPLICATIONS MUST BE COMPLETED TO ITS ENTIRETY. SIGNATURES ARE REQUIRED.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

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

SINGLE FAMILY: \_\_\_\_\_ TOWNHOUSE: \_\_\_\_\_

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

PHONE NUMBER (C): \_\_\_\_\_ (O): \_\_\_\_\_

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

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

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

DESCRIPTION OF PROPOSED IMPROVEMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR TOWNHOUSE SIDING REPLACEMENT PLEASE NOTE NEIGHBORING UNIT COLORS BELOW:

NEIGHBORING UNIT 1: \_\_\_\_\_ APPLICANT(CURRENT): \_\_\_\_\_ NEIGHBORING UNIT 2: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_