

APPLICATION FOR ARCHITECTURAL IMPROVEMENT

** Please email application to admin.assistant@srhoa.com or drop it 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 (ALL DETAILS MUST BE INCLUDED BELOW) :

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