## APPLICATION FOR ARCHITECTURAL IMPROVEMENT

\*\* Please email application to <a href="mailto:admin@srhoa.com">admin@srhoa.com</a> or drop it off at the office.\*\*

HOA Account #	THOA Account #	
the ARC Guidelines and	n on the Architectural Review Committee and procedures, please refer to Declarations of Covenants, Conditions, and Restrictions. Please be sure to ocumentation as required by the ARC Guidelines.	
	COMPLETED IN ITS ENTIRETY & INCLUDE ALL SUPPORTING DOCUMENTS  HOMEOWNER SIGNATURE IS ALSO REQUIRED.  MPLETE APPLICATIONS WILL NOT BE PROCESSED.	<u>.</u>
NAME:	Date:	
	: SINGLE FAMILY: TOWNHOUSE:	
ADDRESS:	(O):	
	(0).	
	CURRENT ROOF COLOR:	
	CURRENT WINDOW COLOR/MATERIAL:	
DESCRIPTION OF PROPOSED	IMPROVEMENT (ALL DETAILS MUST BE INLUDED BELOW) :	
FOR TOWNHOUSE SID	NG REPLACEMENT PLEASE NOTE NEIGHBORING UNIT COLORS BELOW:	
	APPLICANT(CURRENT): NEIGHBORING UNIT 2:	
TVEIGHBORING OTTH 1.		
	License #:	
ESTIMATED START DATE:	ESTIMATED END DATE:	
in making the above improvement	tion of Covenants, Conditions and Restrictions, ARC Guidelines and County buildin t(s). Permission is hereby granted for the members of the ARC and appropriate make reasonable inspections of the requested improvement location (s). ntractor signs is NOT permitted.	-
OWNERS SIGNATURE	DATE	
	ARC DECISION	