

ARCHITECTURAL APPROVAL FORM

Homeowner Name(s): _____

Address: _____

Phone: _____ **Date:** _____

Contact Email: _____

Approval for the following architectural change is hereby requested:

| | | | |
|--------------------------|--------------------------------|--------------------------|--|
| <input type="checkbox"/> | Change to Exterior Paint Color | <input type="checkbox"/> | Roof * - note materials in explanation |
| <input type="checkbox"/> | Siding | <input type="checkbox"/> | Patio/Porch |
| <input type="checkbox"/> | Fence | <input type="checkbox"/> | Utility Building |
| <input type="checkbox"/> | Exterior Lighting | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Play Structure | <input type="checkbox"/> | |

* See 'Declaration of Covenants' for specific requirements

Estimated Start Date: _____ **Estimated Finish Date:** _____

Permit Required: ☐Y / ☐N **Permit #** _____

Contractor Name: _____

Company Name: _____

Company Address: _____

An explanation of the basic nature of the requested change (attach additional sheets if needed):

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Instructions for attachments

For paint color changes, please provide color samples.

For other changes, provide the following (as appropriate):

1. A lot map indicating the position of the alteration with respect to the house and property lines, as well as dimensions. The map should note any established easements and buffer areas.
2. A sketch showing the style and/or front and side views of the alteration. Describe materials being used.
3. For a fence request, in lieu of a sketch of the style, complete the following line: Style and height will match that of the fence at ____ (La Sonata Street Address) ____ or include materials provided by your contractor.
4. Details on materials to be used, dimensions (LxWxH) on any proposed patio roof, arbor, pergola or play structure.
5. If any excavation will be necessary, date and confirmation of utility line detection.

Neighbor Awareness

For major modifications, please obtain signatures from neighbors in close proximity. Signatures indicate an awareness of intent and do not constitute approval or disapproval. Include additional sheets as needed. The committee reserves the right to request additional signatures. The general rule of thumb is if your project will be visible to another property, notify them of the project.

Name: _____ Address: _____
Signature: _____
Comment(optional): _____

Name: _____ Address: _____
Signature: _____
Comment(optional): _____

Name: _____ Address: _____
Signature: _____
Comment(optional): _____

Name: _____ Address: _____
Signature: _____
Comment(optional): _____

Please allow four weeks for HOA board review and response. Board approval must be received before starting project.

Homeowner Signature _____

DO NOT WRITE IN THIS BOX- OFFICE USE ONLY

Date Received: _____ By: _____

☐ Approved* ☐ Denied ☐ Amendments needed

Comments: _____

Date Processed: _____ **Homeowner Notified By:** _____

Date: _____

*Note: The homeowner or builder is responsible for obtaining any required city permits and meeting applicable building regulations and setback requirements. Approval of this general request by the Association does not relieve a homeowner or builder of his/her obligation to meet these requirements.