

ARBOR TRACE HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW APPLICATION

Name: _____ Email: _____

Address: _____ Phone: _____

Cell Phone: _____

_____ Landscaping Plan

_____ Fence Plan and Detail (attach copy of plan and materials to be used)

_____ Pool Plan and Detail (attach copy of plan, proposed screening, etc.)

_____ Screen Room or Addition (attach copy of plan and materials to be used)

_____ Paint Plan (Include paint color selection and area to be painted)

_____ Other (list details and attach copy of plan)

Date: _____ Owner's

Signature: _____

Submit completed application and plans to:

Barbara Sylvester

4471 5th lane SW

Phone 564-7422

Date Received By ARC: _____

Your application is hereby () **Approved, subject to the following or () Disapproved because:

Date: _____ ARC

Committee: _____

** Valid for 6 months from approval date

[Homeowners are responsible for securing building permits and any other government approvals in accordance with County regulations. **Homeowners are to contact ARC when project is completed.** Please note that the homeowner may be subject to injunction or additional cost as defined in the Arbor Trace Covenants if the completed work varies from the approved plan.]

