

**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 8<sup>th</sup> 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.]

REV 1/14