

# Southridge at Country Creek

## ARCHITECTURAL REVIEW REQUEST



PLEASE COMPLETE THIS FORM AND RETURN TO THE ARCHITECTURAL REVIEW COMMITTEE

|  |                    |
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| <b>Owner Name:</b>                                 |                    |
| <b>Unit Address:</b>                               |                    |
| <b>Home Phone:</b>                                 | <b>Work Phone:</b> |
| <b>Owner Address<br/>(if different from unit):</b> |                    |
| <b>Email address:</b>                              |                    |

**DESCRIPTION OF IMPROVEMENT:** Please check all items that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> FENCING          | <input type="checkbox"/> PAINTING           | <input type="checkbox"/> SKYLIGHT / SOLAR PANELS |
| <input type="checkbox"/> FRONT DOOR/DOORS | <input type="checkbox"/> ROOFING            | <input type="checkbox"/> SPA                     |
| <input type="checkbox"/> LANDSCAPING      | <input type="checkbox"/> SCREENED PATIO     | <input type="checkbox"/> WINDOWS                 |
| <input type="checkbox"/> LIGHT FIXTURES   | <input type="checkbox"/> SECURITY EQUIPMENT | <input type="checkbox"/> OTHER                   |

Please provide a brief description including color(s), manufacturer, type, style, make, model, etc., and attach plans, brochures or pictures, as appropriate. The more information you provide, the easier it is for the Committee to render a decision on your request. (Note: A plot survey is required for changes such as fencing or adding a patio.)

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**NOTICE TO OWNER:** These plans are reviewed for the limited purpose of determining aesthetic compatibility and compliance of the proposed project with the construction criteria of the Southridge at Country Creek. They are not reviewed for function, safety, or compliance with any governmental agency. All projects must conform with local zoning and building codes, and the homeowner must obtain all necessary permits if approval is granted.

Date Rec'd: \_\_\_\_\_

- APPROVED
- DENIED
- INCOMPLETE

BY: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

|                               |
|-------------------------------|
| <b>Comments/Restrictions:</b> |
|                               |
|                               |