Providence Meadows H.O.A.

P.O. Box 451 Kings Mills, Ohio 45034-0451 PHONE: (513) 460-2206

ARCHITECTURAL REVIEW APPLICATION

HOMEOWNER INFORMATION										
Name:						Date:				
Address						Home				
E-Mail						Phone	:			
Address:						Cell Phone	:			
DESCRIPTION OF IMPROVEMENT/MODIFICATION/CHANGE										
Improvement Location			9							
Dimension Improvem					0					
Manufacturer					Type of Material				Color	
Supplier or Contractor					-	Phone				
A sketch, drawing, photos of the improvement, modification, or change should be attached to this form to further illustrate, describe and/or otherwise inform as to the particulars of the improvement, modification, or change being requested, i.e. dimensions, location, components, etc., along with a copy of your plat map.										
Description:										
I UNDERSTAND THE RULES CONCERNING THE PROPOSED IMPROVEMENT. I AGREE TO ABIDE BY THE RULES AND THE PROCESS ESTABLISHED BY THE DECLARATION OF COMMUNITY OWNERSHIP FOR THE PROVIDENCE MEADOWS HOMEOWNERS' ASSOCIATION AND AS CARRIED OUT BY THE BOARD OF DIRECTORS AND/OR ARCHITECTURAL CONTROL COMMITTEE AND WILL BE SOLELY LIABLE FOR UPKEEP OF THE IMPROVEMENT, MODIFICATION OR CHANGE SHOULD THIS REQUEST BE APPROVED, IT WILL BE UNDER THE CONDITIONS THAT I WILL BE RESPONSIBLE FOR OBTAINING ALL APPLICABLE PERMITS AND COMPYLING WITH ALL APPLICABLE GOVERNMENTAL AGENCIES.										
SIGNATUR (Owner)						DATE				
SIGNATURES OF 3 NEIGHBORS ACKNOWLEDGING AWARENESS OF PROJECT										
SIGNATUR (Neighbor					Address					
SIGNATUR (Neighbor	RE				Address					
SIGNATUF (Neighbor	RE				Address					
For Providence Meadows H.O.A. Use Only										
This Application has been		□ A	pproved as submitted	☐ Denied as submitted			☐ Approved with conditions			
Comments/Conditions:										
Architectural Committee										
Represent		nmittee				1 1	DATE			