

## Providence Homeowners' Association

### ARCHITECTURAL REQUEST FORM

(All applications will be reviewed by the ARC Committee and can take up to 30 days for a response per our CC&Rs)

The acceptable standard for appearance of property within Providence Homeowners' Association (PHA) is based on Declaration of Covenants, Conditions and Restrictions (CC&Rs) and the by-laws and is legally binding upon each residential property owner. The CC&Rs require that the owner of property within the community obtain prior written approval for any exterior alteration or addition to their property. All requests are subject to the Providence Homeowners' Association CC&Rs, as well as the rules and guidelines of the applicable subdivision. Please make sure you have read and understand the rules prior to completion of any Architectural Request.

Approval of your request is based in part on the information stated herein. Failure to answer all questions fully and accurately, ambiguity in design or faulty measurement may result in denial of your request.

Name \_\_\_\_\_ Property Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

What's is the type of work that you will being requesting:

( ) Concrete/Pavers/Rock ( ) Carpentry ( ) Roofing ( ) Painting ( ) Landscaping  
Other \_\_\_\_\_

#### PLEASE PROVIDE:

1. Photos of the area that's being changed
2. If your request is for exterior painting include color samples even if you're repainting the same colors.
3. Plot map showing the location of the project on the property and distance from two nearest property lines.
4. One set of plans or drawing(s) depicting locations, dimensions, materials, finish, color, ect will not be returned but will become the property of PHA and will be placed in the Member's file.

Please provide a detailed description of the project

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#### PLEASE ANSWER THE FOLLOWING:

1. Does this project require ( ) city building permits ( ) variance ( ) public notice
2. Will there be a change in height of existing structure because of your project? ( ) yes ( ) no
3. Will your project block the view of the common area of another homeowner? ( ) yes ( ) no
4. Have you checked for easement encroachment? ( ) yes ( ) no
5. Estimated start date: \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

**SEE REVERSE SIDE OF THE FORM FOR ADDITIONAL INFORMATION  
PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY BEFORE SIGNING:**

1. All applicable City of Bend codes and regulations must be followed. Permits, if required by the city, can be presented after the Architectural Review Committee approves this request. The HOA is held harmless and takes no responsibility if required permits are not obtained by the member.
2. I have read and understand all applicable sections of the PHA Governing Documents (CC&Rs) and the Rules
3. I understand the Architectural Review Committee may conduct a follow-up inspection to ensure the completed project is in compliance with the request as approved.
4. I understand that if any Association owned property, common areas of the Association or the like, are disturbed, altered or damaged due to this ARC request, I will assume full responsibility to return the altered and damaged area(s) back to its original condition. If the damaged area is not repaired within a reasonable amount of time, or not to the Associations satisfaction, the Association has the right to repair the damage and charge back to me all applicable cost.
5. **I UNDERSTAND THAT NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED  
IF WORK HAS BEGUN WITHOUT PRIOR WRITTEN APPROVAL I UNDERSTAND IT IS IN  
VIOLATION AND I MAY BE ASKED TO REMOVE IT AND PAY A FINE.**

By signing below, I certify that I am the owner of the record of this property, that to the best of my knowledge all of the information contained in this request is true and accurate and that I have read and fully understand all the Terms and Conditions contained herein.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
All approved projects must be started within 45 days of approval or a new request must be submitted

**For ARC Use Only**

**Additional Information:**

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**For ARC Only**

**ARC Decision**

☐ Approved ☐ Approved With Conditions ☐ Denied

**Comments or Suggestions:**

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PHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_