The Trails HOA Architectural Review Committee (ARC) Form

Homeowners Name:	
House Address:	
Homeowners Address:	
Daytime Phone:	Evening Phone:
Type of Improvement: Description of Improvement:	
Note: If colors are being chang	ed, please provide color samples.
Date received by the ARC:	Reviewed by:
	ts in the plans, specifications and/or the for obtaining the necessary permits required by the w of plans is limited solely to compliance with
	or obtaining any and all permits required by the City rovide the ARC with a copy of said permit(s).
protect land values, preserve the natural beawhen you purchased your home in The Trails impossible to maintain the quality of life that	ovenants & Restrictions has been developed to auty & insure the continuity of the lifestyle you chose is at Country Creek. Without ARC it would be to we anticipate at Country Creek. It exists merely to be in place, are costly to change.
APPROVED: () APPROVED wi	th Changes: () DENIED: ()
Reason:	
This approval is contingent on bo Homeowners signature of accepta within 6 months or you must re-ap	nce. Your project must be completed
Homeowner:	Date:
ARC Chairperson:	Date: