**SENTINEL WALK HOA ARCHITECTURAL REVIEW APPLICATION**

**Please complete and return this from for approval prior to commencement of any work**

**Email form to** [**SW.HOA.Board@sentinelwalkhoa.org**](mailto:SW.HOA.Board@sentinelwalkhoa.org)

**Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Planned project start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned project end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Project (PLEASE CHECK BOX):**

**[ ] Deck [ ] Porch [ ]Patio [ ]Fence [ ]Other (PLEASE DESCRIBE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If applicable, exterior color: Base\_\_\_\_\_\_\_ Trim\_\_\_\_\_ Garage\_\_\_\_\_ Door\_\_\_\_\_\_ Shutters\_\_\_\_\_\_ Posts\_\_\_\_\_\_\_**

**Description of structure of construction, including materials to be used, dimensions, location, etc.**

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**Please attach a copy of your construction plans. If applicable, please attached all necessary governmental permits.**

**Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR USE BY ARCHITECTURAL REVIEW BOARD**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_ Date to Owner\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] APPROVED (Work must comply with Sentinel Walk’s Association Covenants & Restrictions)**

**[ ] APPROVED with the following conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] REJECTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] PLANS INCOMPLETE (INFORMATION NEEDED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please resubmit plans to the Board within Fourteen (14) days of receipt of this notice.)**

**ARB/BOARD APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**