

ARCHITECTURAL CONTROL FORM - House Exterior Renovation

Date Received: _
The Architectural Committee will need the following information prior to granting
approval of submitted plans:
THIS FORM MUST BE FILLED OUT COMPLETELY!!

ot Owner:	Lot #.:		
resent Address:Street	City		Zip
Sireei	City		ΖΙΡ
ontact Phone #:	Other Phone #.:		
mail Address:			
ontractor:	Contractor Contact Name:		
ontractor Phone #:			
ddress:			
<u>xterior Renovation - Please see De</u>	Street ed Restrictions	City	Zip
	ing exterior detail and materials, and the Project Completion Date:		
Siding Color:	Material:		
Sofit Color:	Material:	Must be aluminum or wood.	
Roof Type & Color:	Material:		
Fascia Color:	Material:		
Garage Door Color:	Material:		
Gutters/Downspouts: Color:	Material:		
Shutters Color:	Material:		
Other:	Material:		

It is agreed and understood that Lot Owner and Contractor have read and understand the recorded Restrictions and Covenants including, but not limited to exterior renovation.

By filing this Application, the named Owners certify all of the following:

- (a) the information provided is accurate
- (b) they are Owners of the Lot described
- (c) they are current in payment of all annual and special assessments imposed by the RHHOA
- (d) Approval of the proposed project and any plans by the ACC shall not constitute a representation or warranty that the Plans conform to the regulatory oversight or approval process of any other party, including but not limited to the City of Madison, Wisconsin, nor shall any approval of an alteration of an existing building constitute a determination of structural soundness of the drawings, other plans, specifications or materials proposed to be used or ultimately used in the construction;
- (e) it shall be the lot owner's sole responsibility to obtain all permits necessitated by the City of Madison, Wisconsin for the construction of any improvements on a lot in the plat."

ragree to have my exterior renovated or exsubmitted. Changes must be submitted in	xterior additions finished according to the plans and information herein writing prior to start of work.
Date	Lot Owner's Signature
Date	Contractor's Signature
	acknowledgement of your project. Please request signatures from e left and neighbor behind your property. Please have each neighbor
Lot owner's address and signature to RIGH	IT of property
Lot owner's address and signature to the l	LEFT of property
Lot owner's address and signature BEIDNI	O the property