

VERSAILLES ARCHITECTURAL REVIEW COMMITTEE

REQUEST FOR PROPERTY MODIFICATION

Name: _____

Address: _____ **Email:** _____

Phone: _____ **Best Time to Call:** _____

Project Start Date: _____ **Estimated Completion Date:** _____

Applicable deed restrictions read? YES/NO

Will this project require fence removal? YES/NO

Will completed project be visible from the street? YES/NO

Building permit applied for, if necessary? YES/NO/NOT APPLICABLE

What is the nature of your project? _____

Specify square footage, length, width, height above ground: _____

READ GUIDELINES ON NEXT PAGE. Any additional information should be included on the following page. * Deed restrictions specify that approval must be obtained prior to construction.**

NOTE: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Also, it may take at least two (2) weeks for ARC to respond.

Homeowner Signature _____ **Date** _____

(Signature constitutes permission for ARC members to inspect property and agreement to abide by ARC's decision).

This request must be emailed:

versaillesarc@gmail.com

If appropriate: Include a plan view and/or elevation drawing to scale, a paint chip or any other supporting documents that explicitly specify project locations or color. Include multiple perspectives, if helpful. Specify distance from fences and easements.

Specify any of the following that apply to your project: roof materials and color, siding, stain or paint color (include band name, color number and color chips), brick type, drainage plan, plant size and types, electrical or plumbing, wood type and impact to neighbors.

Consent is required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors disapprove, please indicate with reason for their disapproval noted. Their signatures indicate an awareness of your intent and does not constitute or indicate approval or disapproval by the committee.

Name _____ Signature _____ Address _____

(Name and signature of neighbor's approval)

Name _____ Signature _____ Address _____

(Name and signature of neighbor's approval)

Name _____ Signature _____ Address _____

(Name and signature of neighbor's approval)

Name _____ Signature _____ Address _____

(Name and signature of neighbor's approval)

(FOR ARC COMMITTEE USE ONLY)

ARC Decision:

APPROVED, DISAPPROVED OR DISAPPROVED FOR MORE INFORMATION

ARC Chairperson or Representative _____

Rationale: _____
