EMMETT HIGHLAND OWNERS ASSOCIATION
ARCHITECTURAL REVIEW APPLICATION FORM

ALL APPROVALS MUST BE IN WRITING. VERBAL OR OTHER TYPE ARE NOT BINDING
SUBMIT TO: Rose Management PO Box 576; Meridian, Idaho 83680; 208-519-8896;
emmetthighland.hoa@gmail.com and adam@highlandidaho.com

Date:_____ Owner Name:_____

Property Address:_____ Lot_____ Block_____ Phase_____

Email:_____ Phone:_____

Estimated Start Date:_____ Estimated Completion Date:_____

FEE OF $300.00 MAY BE REQUIRED FOR REVIEW. EXCESS FUNDS AFTER ARCHITECT CONSULTING EXPENSE, IF ANY, WILL BE RETURNED UPON COMPLETION OF THE PROJECT. MAKE CHECKS PAYABLE TO EMMETT HIGHLAND OWNERS ASSOCIATION AND REMIT TO PO BOX 579 MERIDIAN ID 83680

APPLICATION FOR:	PERMITTING:
☐ Landscape Addition or Change	Is a building permit required?
☐ Fence Installation or Change	☐ YES
☐ Remodel or Alteration	☐ NO
☐ Roofing	If yes, please provide a copy of permit.
☐ Exterior Paint Body: _____ Trim: _____ Fascia: _____ Accent: _____ Door: _____	****Please attach diagrams/plans/color samples/pictures/etc. Use other side of this form if additional room is needed.**
☐ Other: _____	

Contractor/Builder:_____ Company:_____

Phone:_____ Email:_____

Description of Request:_____

_____

_____

Owner Signature:_____ Date:_____

***By signing this application, I understand that approval from the Emmett Highland HOA is required. I also understand that this is an approval to comply with the CC&Rs and in no way does this approval have any bearing as to the safety, soundness, or legal aspect of the improvement. All local codes and laws are the owner's responsibility. The HOA makes every attempt to provide a fully inclusive review; however, unless a specific variance is granted, it is expected that regardless of plan notations all minimum CC&R & ACC requirements will be met by the owner.**

For Architectural Committee Use:	
Date Received:_____	FEE OF $300.00 RECEIVED BY HOA _____ YES_____NO Date Returned:_____
☐ Further Review Necessary	☐ Approved with conditions
☐ Approved as Submitted	☐ Not Approved
REVIEW FEE $_____ TO ARCHITECT Acknowledged By:_____ Date:_____	
Acknowledged By:_____ Date:_____	