

## **Architectural Change Submittal Form**

Owners Name:				
Owners Address: _			Lot #:_	
Phone#:	e-ma	ail:		
	to be done:			
	r:			
	#:			
	ss:			
Date Work is to Be	gin:	Estimated Co	mpletion Date: _	
	e on CC&R boundarie R's page 2 Section 9. A			
Do the exterior mat	erial and color conform Please see CC&R's of			
Are native trees or of If yes, pleas	other large vegetation e describe:	to be removed?		

## How to submit your project:

- 1) Complete Architectural Review Form
- 2) Include necessary drawings and documentation
- 3) Submit all forms via email or mail (digital submission preferred)

## Include a check for \$125.00 OR \$200.00 (see below) Review of your project will not begin until payment is received.

You will receive approval/disapproval from the Independent Architectural Review Agent.

If you have questions please contact a member of your Board

## Design Review Fee Schedule:

\$125	\$200
-Driveways -Walls -Pool / Spa -Storage Shed -Playsets, Basketball, Batting Cages, etc	-Room Additions -Guest House -Garage -Workshop -Carports -Ramada -Porches

If you have a question on which category your project falls under, please call or email before submitting payment.