|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Owner’s Name: |  | | | Phone: |  |
| Home Owner’s Email: |  | | |  |  |
| Project Address: |  | | Submission Date: | |  |
| Planned Start Date: |  | Planned End Date: | | |  |

**Describe the Project in Detail and Attach a Detailed Diagram**

Proposals must have a plan drawn to scale that shows the relationship to the house, lot boundaries to neighboring homes, any commons, the street, etc. Also, indicate colors, finishing, landscaping, etc.

**Neighbor’s Review and Approval**

Our CC&Rs require that adjacent neighbors and other homeowners who can see your project must have your plans described to them in detail and have the opportunity to vote Yes or No on this application. Neighbor opinions are a factor in the Board decision but do not carry more weight than that Board’s interpretation of the rules.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | **Name** | **Signature** | **Yes** | **No** |
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Were there any neighbors or homeowners you were not able to contact? ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

If so, please provide their names and/or address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement:**

1. I agree that the completed work will match the approved request.
2. I will allow a Board representative access to my property to view my project, during and when completed, to verify the project matches the approved request. All on property inspection requests will be granted within a 3-day (72 hour) period unless there are extenuating circumstances. Note: The Board’s primary concern is adhering to the CC&R’s and Association Policies, such as setbacks, materials used, paint colors, roofing, overall appearance and stated purpose.
3. I understand that the Board must approve any changes to the project before the changes are made.
4. If the completed project does not match the approved request I agree to remove and/or adjust the project to meet the specifications of the approved request at my expense.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete, sign, scan and email this completed form with the diagram to mgmt@hoa-bend.com before any work begins**

**TVHOA Board Review**

Comments: (include any conversations and negotiations)

Decisions: (Approved, Approved with Modifications, Rejected)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Architectural Review Director Signature Date