

Providence Meadows H.O.A.

ARCHITECTURAL REVIEW APPLICATION

HOMEOWNER INFORMATION			
Name:		Date:	
Address		Home Phone:	
E-Mail Address:		Cell Phone:	
DESCRIPTION OF IMPROVEMENT/MODIFICATION/CHANGE			
Improvement Location			
Dimensions of Improvement			
Manufacturer	Type of Material	Color	
Supplier or Contractor		Phone	
<p><i>A sketch, drawing, photos of the improvement, modification, or change should be attached to this form to further illustrate, describe and/or otherwise inform as to the particulars of the improvement, modification, or change being requested, i.e. dimensions, location, components, etc., along with a copy of your plat map.</i></p>			
Description:			
<p><i>I UNDERSTAND THE RULES CONCERNING THE PROPOSED IMPROVEMENT. I AGREE TO ABIDE BY THE RULES AND THE PROCESS ESTABLISHED BY THE DECLARATION OF COMMUNITY OWNERSHIP FOR THE PROVIDENCE MEADOWS HOMEOWNERS' ASSOCIATION AND AS CARRIED OUT BY THE BOARD OF DIRECTORS AND/OR ARCHITECTURAL CONTROL COMMITTEE AND WILL BE SOLELY LIABLE FOR UPKEEP OF THE IMPROVEMENT, MODIFICATION OR CHANGE SHOULD THIS REQUEST BE APPROVED, IT WILL BE UNDER THE CONDITIONS THAT I WILL BE RESPONSIBLE FOR OBTAINING ALL APPLICABLE PERMITS AND COMPLYING WITH ALL APPLICABLE GOVERNMENTAL AGENCIES.</i></p>			
SIGNATURE (Owner)		DATE	
SIGNATURES OF 3 NEIGHBORS ACKNOWLEDGING AWARENESS OF PROJECT			
SIGNATURE (Neighbor)	Address		
SIGNATURE (Neighbor)	Address		
SIGNATURE (Neighbor)	Address		
FOR PROVIDENCE MEADOWS H.O.A. USE ONLY			
This Application has been	<input type="checkbox"/> Approved as submitted	<input type="checkbox"/> Denied as submitted	<input type="checkbox"/> Approved with conditions
Comments/Conditions:			
Architectural Committee Representative		DATE	

Please Return Completed Form to Providence Meadows Board of Trustees