ARCHITECTURAL REVIEW APPLICATION

Bradford Place Homeowners Association of Johnson County

Please complete & submit the following form at least fourteen (14) days prior to expected project start. Date _____ Name____ Email____ Address Phone (day)_____ (evening)_____
Anticipated Start Date_____ Expected Completion Date_____ Contractor Name/Contact Information_____ Brief Description of Project_____ Please attach, as applicable: (1) A copy of a property survey on which project details have been sketched, including all dimensions and material types. (2) A color swatch (if paint, siding, etc.). (3) Contractor name and/or plans. • I understand the Architectural Review Board (ARB) has fourteen (14) days to approve or deny this request. • I understand it is my responsibility as Owner to inform all contractors/vendors of all applicable Covenants & Restrictions or policies and procedures, and to ensure all work is compliant with I understand that improvements may not be made without prior written approval from the ARB, and that I must have ARB approval prior to project start. Signature Date Please submit all documentation to: arb@bradfordplacehoa.com Or mail/fax to **Bradford Place Homeowners Association of Johnson County** 704 S. SR 135 Suite D - / PMB # 113 Greenwood, Indiana 46143 317-888-3262 ~ Fax http://www.bradfordplacehoa.com

ARB Use only:	
Date request received	
Do adjacent property owners need to be informed	Yes No
Date and time property reviewed	
Reviewer(s)	
Approved Denied*	
Date notification letter sent	
Comments	

*If denied, the homeowner can appeal the decision to the Board of Directors of the Bradford Place Homeowners Association. The Board of Directors must make a decision before work can be initiated.