

# Saddlewood Foundation, Inc.

## Architectural Review Approval Checklist

The ARC requires a **minimum of 10 days** to approve or deny your request. As per the Covenants of the Saddlewood subdivision: the ARC has a maximum period of 30 days to review plans after all required items are submitted, the ARC shall not arbitrarily or unreasonably withhold its approval, the ARC or assign shall not be held liable in damages associated with plan submittals.

Approval is required PRIOR to any excavation, construction, and Elbert County building permit submittal (*if required*).

Complete **2 copies** of the appropriate section of this checklist.

### **Out Building / Shed / Detached Garage:**

All secondary structures MUST match the primary residence in material type and color.

\_\_\_\_\_ Submittal of plot layout showing location of primary residence, any secondary structures, and the proposed structure.

\_\_\_\_\_ Pre-fabricated Building

1 . Name of supplier or builder : \_\_\_\_\_

2 . Include copy of sales brochure on building.

\_\_\_\_\_ Construction design =  pole barn  concrete slab  woodfloor

\_\_\_\_\_ Name of contractor or erector: \_\_\_\_\_

\_\_\_\_\_ Sample of siding material

\_\_\_\_\_ Sample of roofing material

\_\_\_\_\_ Sample of paint or stain color

EITHER

### **Replacement or Change of Exterior Siding on Primary Residence:**

All structures on the same property MUST have the same exterior siding as the primary residence. All exterior flat-board siding products cannot exceed 9" of panel exposure. All metal and vinyl products are prohibited.

\_\_\_\_\_ Sample of proposed product

1 . Name of manufacturer: \_\_\_\_\_

\_\_\_\_\_ Sample of paint or stain color

\_\_\_\_\_ Number of structures on your property: \_\_\_\_\_

### **Replacement or Change of Roofing on Primary Residence:**

All structures on the same property MUST have the same roofing type and roofing color as the primary residence. **All metal and vinyl products are prohibited.**

\_\_\_\_\_ Sample of proposed product

1 . Name of manufacturer: \_\_\_\_\_

\_\_\_\_\_ Sample of color if different than product sample

\_\_\_\_\_ Number of structures on your property: \_\_\_\_\_

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**Exterior Paint or Stain Color Change:**

All structures on the same property MUST have the same exterior colors as the primary residence. *Liquid Siding*<sup>TM</sup> is an approved product within Saddlewood, but still requires the approval of the selected color.

\_\_\_\_\_ Sample of paint(s) or stain color(s).

\_\_\_\_\_ Number of structures on your property: \_\_\_\_\_

**Sun Rooms:**

Overall construction MUST blend with the house design. If aluminum framework is utilized it cannot be natural (*silver*) in color.

\_\_\_\_\_ Submittal of plot layout showing location of sun room.

\_\_\_\_\_ Pre-fabricated addition

1 . Name of supplier or builder : \_\_\_\_\_

2 . Include copy of sales brochure on sun room.

\_\_\_\_\_ Name of contractor or erector: \_\_\_\_\_

**Additions to Primary Residence:**

Overall construction MUST match the house design. All siding and roofing must be the same as the primary residence.

\_\_\_\_\_ Submittal of plot layout showing location of addition

\_\_\_\_\_ Name of contractor or erector: \_\_\_\_\_

\_\_\_\_\_ Sample of siding material

\_\_\_\_\_ Sample of roofing material

\_\_\_\_\_ Sample of paint or stain color

**Fence:**

All fences along a Saddlewood roadway need to be either wood or stone construction. Fencing on other boundaries maybe steel post. No barbed wire or above ground electric fence is permitted inside the Saddlewood subdivision.

\_\_\_\_\_ Submittal of plot layout showing location of fencing.

\_\_\_\_\_ Type of fencing to be used: \_\_\_\_\_

\_\_\_\_\_ Name of contractor or erector: \_\_\_\_\_

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The property owner or authorized agent agrees that any changes of the approved submittal are not to be made. If unauthorized changes are made to this approved checklist the construction project will be subject to a stop order.

Name of property owner: \_\_\_\_\_

Telephone contact number: \_\_\_\_\_

Address of property: \_\_\_\_\_

Lot & Filing Number of property: \_\_\_\_\_

Date of checklist submission: \_\_\_\_\_

Signature of owner or agent: \_\_\_\_\_

This Submittal is for a: \_\_\_\_\_

Approval requires a minimum of 3 members with a majority of approval signatures whichever is greater.

\_\_\_\_\_ Date: \_\_\_\_\_  APPROVED  DISAPPROVED

\_\_\_\_\_ Date: \_\_\_\_\_  APPROVED  DISAPPROVED

\_\_\_\_\_ Date: \_\_\_\_\_  APPROVED  DISAPPROVED

\_\_\_\_\_ Date: \_\_\_\_\_  APPROVED  DISAPPROVED

\_\_\_\_\_ Date: \_\_\_\_\_  APPROVED  DISAPPROVED

Comments: