



HHB Heights Homeowners Association Corp. Architectural Submittal Form

The Architectural Review Committee (ARC) meets on the first Friday of each month. Submittals are due by the last Monday of each month. **Please include as much detail as you can,** this will help the Committee with your vision. Please return completed forms to the onsite office; you may drop them off, mail, fax, or email to the office. Our office hours are Monday - Friday from 9:00 am - 5:00 pm.

Today's Date: _____

Address/Lot #: _____

Owner's Name(s): _____

Current Address: _____

Owner's Mailing Address: _____

Best Phone Number: _____ Email: _____

Check All That Apply:

- New Home Build New Landscape Addition to Existing Home Exterior Paint Change
 Window/Door/Façade Changes Other: _____

1. Description, in detail of work to be done (Use additional sheets for drawing of proposed improvements).

2. Type of Materials to be used (Attach samples/brochures/color photos)_____

3. Other information (pictures, brochures etc.) _____

4. Contractors Name and Address _____

Telephone _____ ROC License # _____

NOTE- Contractors must name HHB Heights Association Corporation as an additional insured on their Certificate of Liability Insurance. A copy of the COI must be provided before work can begin.

Check All That Apply:

- I have a general concept or sketches
- I have Architectural Drawings for review
- My plans were submitted to the Town of Gilbert for approval on _____

An accurate drawing must be attached using your lot dimensions showing exact location of the proposed improvement(s). **INCOMPLETE SUBMITTALS WILL BE DENIED.** Architectural Committee requests will be approved, denied, or returned for additional information as soon as possible after the review.

The homeowner agrees to maintain improvement, if approved by the Architectural Review Committee. If, in the view of the Architectural Review Committee, the improvement is not being maintained, the Association has the right to maintain the improvement with the homeowner bearing all cost thereof.

The homeowner agrees to comply with all Town and State Laws, and to obtain the necessary permits. Approval by the Architectural Review Committee shall not be deemed a warranty or representation as to the quality of such construction, installation, addition, alteration, repair, change or other work, or that work conforms to any applicable building codes or other federal, state, or local law, statute, ordinance or rule regulation.

The Board of Directors has adopted a processing fee of \$150.00 for a variance request presented to the Board of Directors. Any modification, which was completed prior to submission of the Architectural Review Committee and does not meet the parameters set forth in the guidelines, is subject to the variance fee. _____ (Initial)

I/We Certify the following:

1. I/We are the owner(s) of Lot # _____ in HHB Heights
2. I/We have a copy of the current Design Guidelines for Architectural Improvements and a copy of the Design Guidelines for Landscaping for this property.
3. I/We have a copy of the Covenants, Conditions, & Restrictions (CC&R's) for this property.
4. The attached plan is in compliance with the Architectural and Landscaping Guidelines.
5. The attached plan is an accurate readable drawing, preferably no larger than 11" x 17", showing the exact location of the proposed improvement(s).
6. The attached plan is being submitted for approval of the HHB Heights HOA Architectural Committee prior to the commencement of any changes to the property.
7. Any future additions or modifications to this plan, or any future plans will be submitted for approval of the HHB Heights HOA Architectural Committee prior to the commencement of any changes to the property.
8. I understand the Architectural Committee has 45 days to review and that no verbal approvals and/or disapprovals will be given by the management company and that the Committee's decision will be mailed to me.

X _____
 Signature of Owner Date

X _____
 Signature of Owner Date

For Architectural Review Committee Purposes Only

Approved On _____

Approved; subject to the following conditions:

Denied Because _____

Additional Notes: _____

Project must begin within _____ days. Project must be completed within _____ days.