

FOR OFFICE USE:
 Date Rec.: _____
 By: _____
 Via: _____
 Check Amount: _____
 Check Number: _____

The Waters Architectural Review Board Application (for existing dwellings)

Application For Pre-Approval of Exterior Improvements

Homeowner Name: _____ Date Submitted: _____

Address: _____ Lot Number: _____

Email Address: _____ Phone Number: _____

Project will begin by: _____ Project will be completed by: _____

Type of Exterior Improvement:

- | | |
|--|---|
| <input type="checkbox"/> Decks & Flatwork (Sidewalk, Patio, etc.) | <input type="checkbox"/> Remodel/Renovation |
| <input type="checkbox"/> Landscaping (Retaining Walls, Plantings, etc.) | <input type="checkbox"/> Fences |
| <input type="checkbox"/> Sports & Play (Basketball goals, trampolines, etc.) | <input type="checkbox"/> Other |

If "Other" is selected please provide photo and detailed description of exterior improvement including colors, designs and location of improvement(s). The Assembly (HOA) staff will notify applicant of any additional items needed.

Description of the Project:

Dimensions – Length: _____ Width: _____ Height: _____

Additional Description of Project:

Color of Project: _____ Location: Front Back Other: _____

Will this project use:

- Aluminum, Steel, Vinyl, or Plastic Siding?
- Metal or Wood Roofing Material?
- Asphalt or non-concrete surfacing material?
- Any areas marked as an easement on the plat?

Attachments:

- Elevation diagram showing dimensions.
- Lot site plan showing location of structures / landscaping.
- A picture of the location and of the addition, improvement or renovation you are requesting.

Instructions: Submit this form and applicable attachments to The Waters Sales and Information Center **PRIOR** to beginning the project. Submissions will be reviewed according to the current Declaration of Covenants, Conditions, Easements and Restrictions, Pattern Book and Architectural Review Guidelines. You will be notified of the status of the submission. (Review fees may apply based on extent of said improvements.)

Resident Signature _____

Resident Printed Name _____ Date _____

Construction/Improvements must commence within 1 year from date of Final Approval or Approval is void.

SECTION BELOW IS FOR OFFICE USE ONLY

ARB Approval Signature: _____ Date: _____

Was this work completed before approval? Yes No

Approval Contingent Upon the Following: _____
