

ASSOCIATION

(Association Name)

**ARCHITECTURAL REVIEW SUBMITTAL PROPERTY
IMPROVEMENTS/ALTERATIONS APPLICATION**

Pursuant to the provisions of the Declaration of Covenants, Conditions and Restrictions or Reservation of Easements (the "CC&R"), no construction, alteration, grading, addition, excavation, modification, decoration, redecoration, reconstruction or any improvement within the Project, or other activity within the jurisdiction showing the nature, kind, shape, height, width, color, materials and location of the same shall have been submitted for review by the Architectural Review Committee (the "ARC") and approved in writing.

AN INCOMPLETE SUBMITTAL PACKAGE WILL DELAY THE REVIEW PROCESS

The following list is provided to assist the property owner in preparing the submittal package.

ORIGINALS PLUS ONE COPY OF ITEMS 1-4 ARE REQUIRED.

1. PROPERTY IMPROVEMENTS/ALTERATIONS APPLICATION

The application form must be completed in its entirety and attached to each set of plans.

2. PLANS

Plans must include front, side and rear elevation drawings and a to-scale cross section, if applicable, with the improvement shown in relation to the home and other existing structures; all setbacks shown and a to-scale site plan depicting the improvement(s) on the lot and in conjunction with property lines, the residence, and any other existing pertinent improvements; accurate dimensions of all aspects (height, length, width) must be shown; a plot plat of your sub-division showing the location of your lot and lot number is also required. Please include a color picture of the area of the home to be altered/constructed when submitting for a pool, patio cover, balcony, etc.

3. LANDSCAPE PLANS

Landscape plans must be drawn to accurately depict the lot, residence, property lines, driveways, sidewalks, patios, existing walls and fences. Landscape material, such as sod, tree and shrub types and size must be specified, as well as their location. Samples of decorative rock or the size and color of the rock must be included.

4. MATERIAL SAMPLES

Color paint chips, type of rock to be used, pictures of gazebos, pools, spas (with dimensions), patio covers and doors, (exterior/screen/security), sunshades, other items as appropriate should accompany the detailed drawings.

RETURN TO: Colonial Property Management
736 Pioneer Blvd., Suite 200
Mesquite, NV 89027
Phone: 702-345-2200 Fax: 702-345-2201

_____ ASSOCIATION
(Association Name)
**PROPERTY IMPROVEMENT/ALTERATION APPLICATION
FOR COMPETED LOT/UNIT**

NOTE: AN INCOMPLETE APPLICATION WILL DELAY THE REVIEW PROCESS

PLEASE PRINT

NAME: _____ DATE _____

ADDRESS: _____ LOT# _____

CITY/STATE/ZIP: _____

PHONE (home): _____ (work) _____ (cell) _____

PROPOSED DATES(start): _____ (completion) _____

PROJECT/SUBDIVISION NAME: _____

MAILING ADDRESS IF DIFFERENT: _____

TYPE OF ARCHITECTURAL AND/OR LANDSCAPING IMPROVEMENT

REMODELING/ADDITIONS

- _____ Outside Walks/Stairs
- _____ Garage Doors/Exterior Doors
- _____ Sun Screens/Security/Screen Doors
- _____ Driveway/Extensions/Walk-ways
- _____ Sunrooms/Patio Covers
- _____ Swimming Pool/Spas
- _____ Decks/Patios
- _____ Fences/Fence Additions/Retaining Walls
- _____ Landscaping (front and or Back Yard)
- _____ Satellite Dish Placement
- _____ Roofing Replacement
- _____ Other (describe below or on back)

PAINTING

- _____ Paint house new color
- _____ Paint trim new color
- _____ Painting Walls/Fences

MATERIALS TO BE USED

- _____ Wood
- _____ Stucco
- _____ Brick Stone
- _____ Concrete
- _____ Other _____

Is material same color and type as currently on your home? _____ Yes _____ No

Additional Comments: _____

Attach new paint color samples for stucco, trim, fascia and/or walls fences, etc..

What licensed and insured Nevada Contractor/Construction Company or individual will be completing the proposed changes? _____

The Design Review Committee may contact your neighbors directly if the scope of the project warrants such action.

SIGNATURE OF HOMEOWNER _____

ASSOCIATION

(Association Name)

For Association Use only

Date Received: _____ Approved _____ Denied _____ Conditionally Approved

Comments: _____

Approved by: _____ Date: _____

Bond/Security Required: _____ Yes _____ No If yes, amount: _____

Notice of Completion Submitted: _____ Yes _____ No If yes, date: _____

MASTER COMMUNITY ASSOCIATION

(If Applicable)

For Association Use Only

Date Received: _____ Approved _____ Denied _____ Conditionally Approved

Comments: _____

Approved by: _____ Date: _____

Bond/Security Required: _____ Yes _____ No If yes, amount: _____

Notice of Completion Submitted: _____ Yes _____ No If yes, date: _____

IF APPLICABLE

NEIGHBOR NAME _____

ADDRESS _____

NEIGHBOR NAME _____

ADDRESS _____

NEIGHBOR NAME _____

ADDRESS _____

Arc.wpd

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH THE INFORMATION TO THIS FORM