

A-10

IMPROVEMENT REVIEW FORM

Submittals may be subjected to a refundable deposit and/or non-refundable submittal fee

General Information	Check type of improvement:	Materials / Description of Improvement:
Lot #: _____	Fence <input type="checkbox"/>	_____
Owner: _____		
Address: _____	Pool <input type="checkbox"/>	_____
Telephone: _____	Sunroom <input type="checkbox"/>	_____
Email: _____		
Contractor: _____	Room Addition <input type="checkbox"/>	_____
Address: _____	Screened porch <input type="checkbox"/>	_____
Telephone: _____	Landscaping <input type="checkbox"/>	_____
Email _____	Color Change <input type="checkbox"/>	_____

Check List

Plat or Site Plan <input type="checkbox"/>	Driveway <input type="checkbox"/>
Elevations needed <input type="checkbox"/>	Firepit <input type="checkbox"/>
Color Sample <input type="checkbox"/>	Other <input type="checkbox"/>
Pictures <input type="checkbox"/>	Start Date _____
Deposit <input type="checkbox"/>	Completion Date _____

Homeowners signature _____ Date _____

Compliance with the approved plan and any necessary city/county permits or inspections are the sole responsibility of the homeowner.

Approvals are valid for 1 year.	
ARB APPROVAL	
Date	Signature
Stamp	