

Lot #:

|  |             |                                |  |
|--|-------------|--------------------------------|--|
|  | <b>A-10</b> | <b>Improvement Review Form</b> | <b>The POA-ARB meets on the first &amp; third Mondays of each month. Submissions (including samples, materials and pictures) are due no later than noon the Wednesday before the meeting is scheduled in order to make the agenda.</b> |
|--|-------------|--------------------------------|--|

|                            |   |
|----------------------------|---|
| <b>General Information</b> | Some submissions may be subject to a refundable deposit and/or non-refundable submission fee.   |
| Property Owner: _____      | <b>Please use the following check list to ensure a complete submission and <u>avoid delays in review.</u></b><br><i>Please use the <b>Building and Landscaping Guidelines (BLG)</b> to determine submission requirements.</i> |
| Woodside Address: _____    | Is a site plan required and/or attached? <input type="checkbox"/>   |
| _____                      | Are adequate color/material sample(s) provided? (pictures are acceptable) <input type="checkbox"/>  |
| Phone #: _____             | Are elevations attached if needed? <input type="checkbox"/>   |
| Email: _____               | Are reference pictures attached? <input type="checkbox"/>   |
|                            | Will there be a dumpster, pod or port-o-let on site? <input type="checkbox"/>   |
|                            | Are there any trees to be removed? <input type="checkbox"/> <b>If yes, please list how many and what kind in description box.</b><br><i>(Please reference tree removal section in the BLG)</i>                                |

**Please select one of the below options for improvement & use the description box to explain your submission in detail.**

- FENCE  
  POOL  
  SUN ROOM/SCREEN ROOM  
  HOME ADDITION  
  LANDSCAPING  
  COLOR CHANGE  
  DRIVEWAY  
  FIREPIT  
  OTHER

|   |
|---|
| <b>DETAILED DESCRIPTION OF PROJECT</b>          |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

|                                      |             |                |              |
|--------------------------------------|-------------|----------------|--------------|
| <b>Contractor/Vendor Information</b> | Name: _____ | Phone #: _____ | Email: _____ |
|--------------------------------------|-------------|----------------|--------------|

Compliance with the approved plan as described, as well as any city/county permits required are the sole responsibility of the property owner.  
**Approvals are valid for one year from the date of notification.**

|                                  |              |   |              |                        |
|----------------------------------|--------------|---|--------------|------------------------|
| <b>Property Owner Signature:</b> | <b>Date:</b> | <b>Signature of ARB Representative:</b> | <b>Date:</b> | <b>Decision Stamp:</b> |
|                                  |              |   |              |                        |

Comments: \_\_\_\_\_