ARBOR TRACE HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW APPLICATION

Name:	Email:
Address:	Phone:
L	Lot #:
Fo	ence Plan and Detail (attach copy of plan and materials to be used) (Includes pet nces)
P	ool Plan and Detail (attach copy of plan, proposed screening, etc.)
S	creen Room or Addition (attach copy of plan and materials to be used)
P	aint Plan (Include paint color selection and area to be painted)
R	oof Plan (Attach copy of plan, materials and color to be used)
	her and attach copy of plan)
Date:	Owner's Signature:
Submit com Kristen O'M 573 44 th Av Phone 508-8 <u>ARC@arbor</u>	ve SW 873-8744
Date Receiv	ved By ARC:
Your applic	ation is hereby () **Approved, subject to the following or () Disapproved because:
Date:	ARC Committee:
** Valid for	6 months from approval date

[Homeowners are responsible for securing building permits and any other government approvals in accordance with County regulations. Homeowners are to contact ARC when **project is completed.** Please note that the homeowner may be subject to injunction or additional cost as defined in the Arbor Trace Covenants if the completed work varies from the approved plan.] REV 3/2024