

<p><u>Palisades Lake Home Owners</u> <u>Association</u></p> <p>ARCHITECTURAL REVIEW COMMITTEE</p> <p>RESIDENTIAL Project Request Form</p>	<p>RETURN REQUEST FORM TO:</p> <p>ARC SECRETARY - Palisades Home Owners Association</p> <p>151-274-2258</p>
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OWNER'S NAME: _____

TENANT'S NAME (if applicable): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBERS: Home: _____ Work/Cell: _____

Please select the improvement categories which are proposed:

- | | | | | |
|---------------------------------|--------------------------------|---------------------------------------|------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Paint | <input type="checkbox"/> Roof | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Deck / Patio | <input type="checkbox"/> Drive |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Fence | <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Doors / Windows | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Other | _____ | | | |

Fully describe the improvements in more detail including the materials to be used:

Dimensions of Planned Improvement: Width: _____ Height: _____ Length: _____

Attach a drawing showing the location of improvement(s) which you propose. Be specific, showing to scale the property lines, building set back lines, easements, fences, sidewalks, patios, pools. A PLAT OR SURVEY IS REQUIRED for any new construction, fence relocations, in-ground pools, and is strongly recommended for all other improvements.

ROOFING PROJECTS:

Shingle Manufacturer: _____ Shingle Color: _____

Shingle Brand Name: _____ Shingle Warranty: _____yr

PAINT PROJECTS: PAINT / STAIN SAMPLE(S) must be attached to ALL applications to be eligible for ARC approval (even if the proposed color is the same as the existing). Please give particular consideration to the color of the brick when making your paint selections.

Brick Color: _____

Siding Color: _____

Shutter Color: _____

Front Door Color: _____

Trim Color: _____

Garage Door Color: _____

Who will work on this improvement?

Homeowner Contractor - List name and phone #: _____

Start Date: _____ Completion Date: _____

PROJECTS MUST BE SUBSTANTIALLY COMPLETED WITHIN SIX (6) MONTHS OF COMMITTEE APPROVAL OR A NEW APPLICATION IS REQUIRED TO BE APPROVED TO START OR CONTINUE THE PROJECT AFTER THE ORIGINAL APPROVAL HAS EXPIRED.

For any room additions and storage buildings, you must obtain a construction permit from the City and/or County within thirty (30) days of the date of approval by the ARC.

IN AN EFFORT TO PROVIDE AND PROTECT EACH INDIVIDUAL HOMEOWNER'S RIGHTS AND VALUES, IT IS REQUIRED THAT ANY HOMEOWNER OR GROUP OF HOMEOWNERS CONSIDERING IMPROVEMENT (EXAMPLES: EXTERIOR PAINT, PATIO COVERS, FENCES, SIDEWALKS, DECKS, ETC.) ON THEIR DEEDED PROPERTY OTHER THAN LANDSCAPING, SUBMIT A REQUEST FOR HOME IMPROVEMENT APPROVAL TO THE ARCHITECTURAL REVIEW COMMITTEE FOR APPROVAL BY THE HOMEOWNERS ASSOCIATION PRIOR TO INITIATING WORK ON PLANNED IMPROVEMENTS. IF ANY CHANGE IS MADE THAT HAS NOT BEEN APPROVED, THE COMMITTEE HAS THE RIGHT TO ASK THE HOMEOWNER TO REMOVE THE IMPROVEMENT FROM HIS PROPERTY. I UNDERSTAND THAT THE ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE WILL ACT ON THIS REQUEST AS QUICKLY AS POSSIBLE AND CONTACT ME IN WRITING REGARDING THEIR DECISIONS. IF NO RESPONSE IS PROVIDED BY THE ARC AFTER THIRTY DAYS POST SUBMISSION OF THE PLANS THE PLANS ARE CONSIDERED APPROVED BY THE ARC. I AGREE NOT TO BEGIN PROPERTY IMPROVEMENT(S) UNTIL THE PLANS ARE APPROVED BY THE ARC.

Signature of Homeowner: _____ Date: _____

For ARC use only: Approved Conditionally Approved Denied

ARC signatures: _____ Date: _____

ARC comments & conditions: _____

