<u>ASHTON POINT HOA</u> ARCHITECTURAL REVIEW REQUEST FORM

PROPERTY OWNER NAME:		LOT #:
MAILING ADDRESS:		
PHONE:		
EMAIL:		
	d the Association's guidelines. I hereby	ctions and the Association's Rules and Regulations, installation request the boards consent to make the following changes,
Please select the category of the	request:	
☐ Fence ☐ Swimming Pool / Spa ☐ Lawn Ornament	□ Screen enclosure □ Exterior Color □ Landscaping	□ Gutters □ Solar Panels □ Other:
■ Patio/Pavers	Sod Replacement	
Describe briefly the change, addi	tion and installation and the location:	
	_	exterior, fence installation, driveway or sidewalk changes, etc.)
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		0.10
	GREE TO THE FOLLOWING CONDITION OF THE Association LINE	
	tural Guidelines. If not, then I must reapply	ave 6 months from the approval date to complete the work, unless for approval.
	vey that shows the locations of the proposed pplicable or required by the Architectural G	d change, alteration, renovation or addition. Attach drawings of your uidelines.
		ofessional manner by a licensed and insured contractor or if permitted
•	ce and inconvenience to otherresidents.	
		oof of completion. (Vendor verification of completion and/or pictures). s of neighbors' property, which may need access to perform this
work.	openy access agreement for any areas	, or neighbors property, which may need access to perform this
	t of all persons, agents, contractors, subcontra endors MUST remove their own trash.	actors and employees who relate to this work. Vendors are NOT allowed
	h all applicable federal, state and local laws, Ital permits and approval for the work.	. codes, regulations and requirements in connection with this work. I will
	hen the application is either approved or de	ociations board. A decision by the board may take up to 45 days from inied. Not receiving an approval doesn't not waive the requirement to
DID YOU INCLUDE ALL REQUIR	ED ITEMS?	
	survey with the location of the changes c	·
	wing kind, shape, height, materials and co /sketches/pictures of plans or items	plor to be used and the location of the proposed alteration
		ngwhattheitemwilllooklikewhencompletedwhereapplicable
 Executed property 		
Vendor/Contractors	s current liability insurance	
Owner Signature:		Date:
	A R C COMMITTEE USE ONLY – DO N	OT WRITE IN THIS BOX
THIS REQUEST IS HEREBY	/: Denied	
IT IIS KLOOLST IS TICKED!	DefiledApproved as submit	ted
		ditions:
APC or Roard Mombor Sign of	turo	Data
		Date: Decision to Owner:
Date Receivedifori Owner:	Delivered to ASSN.:	DECISION TOOWNER.

Approval Expiration Date: