

ARC FORM

Bel Aire Village Homeowners Association
PROPERTY IMPROVEMENT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ BEL PORT DRIVE # _____ PHONE: _____

EMAIL: _____ Proposed Completion Date _____

All Applications Must Be Submitted With A Plan To Scale

TYPE OF ARCHITECTURAL IMPROVEMENT PROPOSED

___ Patio Additions-Shade Cover

Materials to be Used:

___ Screen/Security Door / Bars

___ Window Replacement

Additional Comments: _____

___ Landscaping Improvements*

*All plants should be planted a minimum of 3' from any wall and trees should be planted 5' from any wall.
Owners will be responsible for excess water/overspray from irrigation causing damage to the block walls.

___ Satellite Dish/Antennae

___ Other- _____

Please note that all exterior improvements must be similar to existing color scheme including window or door trim and stucco paint color to match existing scheme.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE REVERSE SIDE OF THIS FORM.)

For Association Use Only:

___ Approved ___ Not Approved ___ Conditionally Approved

Comments: _____

Approved By: _____ Date: _____

EXHIBIT B

NEIGHBOR AWARENESS SIGN-OFF FORM

To expedite the processing of your application, please show and explain your plans to all those neighbors who may be affected and have them sign below indicating they are aware of the project. The Architectural and/or Landscape Committee may also contact them directly if the scope of the project warrants such action.

No work can begin until approval is granted. This approval process may take up to (30) days after this application is submitted.

NEIGHBOR AWARENESS: The neighbor's approval is not necessarily a condition to your improvement/modification being approved by the Committee. The intent is to advise your neighbors who own property within close proximity of your unit, and may be affected by your proposed improvement(s). This requires their signatures below. This means that the signatures below indicate your neighbor's awareness of this application. No application will be considered complete until there is evidence that any neighbors who may be affected have been made aware of this application.

NEIGHBORS: I have reviewed the plans of _____

(Please Print)

and I am aware of their proposed improvements shown on the attached plans.

<u>NAME (Print)</u>	<u>SIGNATURE</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

PLEASE RETURN FORM AND PLANS TO:

BEL AIRE VILLAGE HOMEOWNERS ASSOCIATION

ATTENTION: ARCHITECTURAL COMMITTEE

C/o P&G Association Management

129 W Lake Mead Pkwy Suite 16

Henderson, Nevada 89015

PHONE 702-202-4330 ~ FAX 702-202-3910

Email: Megan Hicks megan@pandgmanagement.com

Additional Space for Comments: (please attach any pertinent drawings, permits, etc)