

ARC FORM

Horizon View Homeowners Association
PROPERTY IMPROVEMENT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ Proposed Completion Date: _____

PHONE: _____ EMAIL: _____

All Applications Must Be Submitted With A Plan To Scale

TYPE OF ARCHITECTURAL AND/OR LANDSCAPING IMPROVEMENT

___ Remodeling/Additions
___ Outside Walks/Stairs
___ Screen Door
___ Solar

Materials to be Used:

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- _____

___ PAINTING: Doors – New Color ___ Railings – New Color ___
 Body – New Color _____ Trim – New Color _____

Attach new paint color samples for stucco, trim, fascia and/or wall.

(No approval is required to repaint in exactly the same color.)

Please note that there is a \$300.00 deposit if any construction is taking place during your improvement. This is refundable after the project is complete and the Committee states that there is no damage to the area.

(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.

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 lot 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.

NAME (Print)	SIGNATURE	ADDRESS	PHONE	DATE
1.				
2.				
3.				
4.				
5.				

PLEASE RETURN FORM AND PLANS TO:

**HORIZON VIEW HOMEOWNERS ASSOCIATION
ATTENTION: ARCHITECTURAL/LANDSCAPE 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: jen@pandgmanagement.com**

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