

DESIGN REVIEW REQUEST

HOMEOWNER'S INFORMATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

Email: _____

TYPE OF PROJECT

- | | | |
|--|---|---|
| <input type="checkbox"/> PATIO COVER | <input type="checkbox"/> CHANGE/INSTALL WALL/FENCE/GATE | <input type="checkbox"/> INSTALL POOL |
| <input type="checkbox"/> CONVERT YARD | <input type="checkbox"/> ADD SIDEWALK/STEPS | <input type="checkbox"/> EXTEND DRIVEWAY |
| <input type="checkbox"/> CONSTRUCT SHED | <input type="checkbox"/> INSTALL SATELLITE DISH | <input type="checkbox"/> PAINT HOUSE EXTERIOR |
| <input type="checkbox"/> OTHER (DESCRIBE PROJECT IN DETAIL): _____ | | |

PROJECT INFORMATION

MATERIAL BEING USED
(DESCRIBE AND/OR ATTACH
PICTURES, PLANS OR
BROCHURE):

CONTRACTOR INFORMATION
(IF HOMEOWNER IS DOING
WORK WRITE NONE)

COMPANY: _____

ADDRESS: _____

PHONE: _____

START/COMPLETION DATE (ESTIMATION ONLY)

START DATE: _____

COMPLETION DATE: _____

IMPORTANT INFORMATION

DO NOT START THIS PROJECT UNTIL IT HAS BEEN APPROVED IN WRITING BY THE ARC COMMITTEE OR THE BOARD OF DIRECTORS. THE ARC COMMITTEE OR BOARD OF DIRECTORS MAY ADD ADDITIONAL CONDITIONS THAT MUST BE MET BY THE HOMEOWNER AT THE HOMEOWNER'S EXPENSE. THE HOMEOWNER IS REQUIRED TO OBTAIN APPLICABLE BUILDING PERMITS AND MUST MEET ALL APPLICABLE BUILDING CODE REQUIREMENTS. THE BOARD OF DIRECTORS MAY IMPOSE A FINE IF THE HOMEOWNER FAILS TO MEET THE CONDITION REQUESTED BY THE ARC COMMITTEE OR BOARD OF DIRECTORS.

OFFICE USE ONLY

- | | | | |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> APPROVED w/Conditions | <input type="checkbox"/> Finish By: 30 days | <input type="checkbox"/> 60 days | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Provide permits – if requested | <input type="checkbox"/> Restore front yard to original condition – Pool only | | |
| <input type="checkbox"/> Paint to match existing color or color provided | <input type="checkbox"/> Remove lawn to 1 1/2" – Yard conversion only | | |
| <input type="checkbox"/> Edging material required – Yard conversion only | Other: _____ | | |
| <input type="checkbox"/> DISAPPROVED | Reason: _____ | | |

SIGNATURE : _____

DATE: _____

SEE REVERSE

DESIGN REVIEW REQUEST

ADDITIONAL COMMENTS:

HOMEOWNER'S SIGNATURE

(Owner submitting DRR must sign above)

By checking the box, I agree to allow P& G Management to discuss this DRR, request additional information, provide all approval/disapproval, and reasoning for either, with the Contractor listed on Page 1 of this form. Information unrelated to the DRR will NOT be discussed with any third party, including the Contractor shown on Page 1 of this DRR.

Completed DRR forms may be submitted via:

Email: jen@pandgmanagement.com

Mail: P& G Association Management 129 W. Lake Mead Pkwy #16 Henderson, NV 89015

Fax: 702-202-3910

This form is not valid without the signature of the owner of record. All electronically signed forms MUST include a copy of the signature verification documentation. A drawing, sketch or map must be provided. A list of materials must be provided where applicable. Time frames for approval depend upon several factors and cannot be guaranteed.