## CONTINENTAL RANCH COMMUNITY ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION

| HOMEOWNER INFORMATION  |                                   | PAINT (if applicable)                          |
|--|-----------------------------------|--|
| NAME   | PHONE                             |  |
| PROPERTY ADDRESS   |                                   | Paint Scheme #  Body Color                     |
|  |                                   | Trim Color #1                                  |
| MAILING ADDRESS  |                                   | Trim Color #2                                  |
| E-MAIL ADDRESS   |                                   |  |
| PROJECT DESCRIPTION:   |                                   |  |
| ADDITIONAL PROJECT INFORMATI   | ON:                               |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| NEIGHBOR CONSENT FOR COMM  | ON WALL ALTERATION (if applicable | e)   |
| Neighbor Print Name  | Neighbor Address                  | Neighbor Signature Giving Consent              |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| HOMEOWNER ACKNOWLEDGEM   | ENT                               |  |
| Owner Signature: Date:   |                                   |  |
| <b>STORAGE SHEDS</b> ( <i>if applicable</i> ): Please be aware that upon completion, management will inspect the shed to verify that   |                                   |  |
| it was built to the specifications presented on your application and confirm that the finished height does not exceed the maximum allowed height of 8-feet 6-inches. <b>Owner Initials</b> |                                   |  |
|  |                                   |  |
| ARCHITECTURAL REVIEW COMMI   | TTEE (ARC)                        |  |
| COMMITTEE MEMBER SIGNAT  | TURE APPROVE DIS-APPROVE          | ADDITIONAL DOCUMENTATION REQUIRED FOR APPROVAL |
|  |                                   | REGOINED FOR ALL NOVAE                         |
|  |                                   |  |
|  |                                   |  |
|  |                                   | APPROVED BY MANAGEMENT (select items)          |
|  |                                   | Sign/Date                                      |
|  |                                   | <del></del>                                    |

CONDOCERTS?