

Arrowhead Estates Homeowners Association
ARCHITECTURAL REVIEW BOARD APPLICATION ***

*****PLEASE EMAIL/RETURN THE COMPLETED APPLICATION FOR REVIEW
& APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK*****

EMAIL APPLICATION & REQUIRED DOCUMENTS TO:

cmreception@sentrymgt.com AND arb@arrowheadstates.info

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE(S): _____ EMAIL: _____

- ◆ PLEASE ATTACH A COPY of the PROPERTY SURVEY or a SITE PLAN LOCATING EXTERIOR CONSTRUCTION PROJECTS
- ◆ ATTACH PAINT/COLOR SAMPLES, PLANS, & PHOTOS AS NEEDED TO DESCRIBE DESIRED MODIFICATIONS **IF PAINTING THE EXTERIOR, PAINT A SECTION OF YOUR EXTERIOR WALL WITH YOUR CHOSEN COLOR SWATCHES**. TO VIEW HOA APPROVED COLOR SCHEMES SEE ARB PLANNING CRITERIA
- ◆ PLEASE PROVIDE ROOFING SPECIFICATIONS FOR ALL ROOF INSTALLATIONS – SEE ARB PLANNING CRITERIA FOR METAL ROOF MATERIALS AND PERMITTED COLORS
- ◆ ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT SHALL BE OBTAINED BY PROPERTY OWNER

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION REQUESTED TO BE REVIEWED BY THE ARB:

- SWIMMING POOL SCREENING FENCE YARD ORNAMENTS – (Pictures and Placements Needed)
- LANDSCAPING – (Identify plantings and provide Rendering if significant changes are being requested)
- ROOF REPAIR/REPLACEMENT – ROOF TYPE SHINGLE METAL COLOR _____
- PAINT EXTERIOR COLORS **Attach Sample Colors, Provide Paint Vendor, Paint Code & Paint Exterior Wall as noted above
- BASE _____ TRIM _____ GARAGE _____ DOOR _____
- WINDOWS - Include the exact Make, Model, Style, and Color of the frame
- MAKE _____ MODEL _____ STYLE _____ COLOR _____
- OTHER (Please Describe in Detail – Add additional Sheets if needed)

OWNER SIGNATURE _____

OWNER SIGNATURE _____

FOR USE BY ARCHITECTURAL REVIEW BOARD ONLY

RECEIVED BY: _____ DATE RECEIVED _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS:

PLANS INCOMPLETE - INFORMATION REQUESTED:

APPROVED (MUST CONFORM WITH ASSOCIATION COVENANTS & RESTRICTIONS)

APPROVED WITH THE FOLLOWING CONDITION(S):

REJECTED REASON/S:

BY: _____ DATE: _____

Member, Arrowhead Estates Architectural Review Board

BY: _____ DATE: _____

Member, Arrowhead Estates Architectural Review Board

BY: _____ DATE: _____

Member, Arrowhead Estates Architectural Review Board

DATE TO ARB _____ DATE TO HOA BOARD _____

DATE TO APPLICANT _____ DATE TO MGMT CO _____