ARROWHEAD ESTATES HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION

ARB Review can take up to 30 days to process.

SUBMIT THIS APPLICATION AND RECEIVE ARB APPROVAL BEFORE STARTING ANY WORK

Submit to BOTH addresses: cmreception@sentrymgt.com AND arb@arrowheadestates.info

The property owner remains responsible for obtaining any required building permits, separately from ARB approval.

1. PROPERTY OWNER INFORMATION

Property Owner(s):

Property Address: Zip:

Mailing Address (if different):

Phone(s): Email:

2. CONTRACTOR INFORMATION

(leave blank if owner is performing the work)

Contractor / Company: License #:

Contractor Phone: ☐ Certificate of insurance attached

3. REQUIRED ATTACHMENTS

- ALL REQUESTS REQUIRE A RECENT HOUSE AND PROPERTY PHOTO.
- ATTACH SURVEY OR SITE PLAN SHOWING LOCATION OF ALL EXTERIOR CONSTRUCTION.
- ATTACH PAINT/COLOR SAMPLES, PLANS, PHOTOS, PRODUCT DETAILS. Approved colors: Sherwin-Williams Arrowhead Estates HOA Colors and Schemes.
- PROPERTY OWNER IS RESPONSIBLE FOR OBTAINING ALL REQUIRED PERMITS.

4. DESCRIBE THE ADDITION, CHANGE, OR INSTALLATION TO BE REVIEWED

☐ Swimming Pool ☐ Screening ☐ Fence

☐ Yard Ornaments ☐ Landscaping ☐ Roof Repair/Replacement

☐ Paint Exterior Colors ☐ Windows ☐ Other

Roof — Type: ☐ Shingle ☐ Metal Color:

Paint Vendor Name:

Scheme # — Base: Trim: Garage: Door:

Code # — Base: Trim: Garage: Door:

Make: Model: Style: Color:

Other (describe in detail):

Estimated Start Date: Estimated Completion Date:

5. OWNER CERTIFICATION

By signing below, I certify that the information in this application is accurate and complete to the best of my knowledge, that I have reviewed the Association's covenants, conditions, and restrictions applicable to this project, and that I understand ARB approval does not waive or replace any building permit, HOA covenant, or other legal requirement. I understand that work started before written ARB approval may be subject to a violation notice and may be required to be modified or removed at my expense, and all approved work shall be completed within 120 days of approval.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Preferred method for ARB to communicate its decision:

☐ Email ☐ Mail ☐ Owner Portal

FOR ARCHITECTURAL REVIEW BOARD USE ONLY

Received By: _____ Date Received: _____

☐ Approved — must conform with Association covenants & restrictions

☐ Approved with conditions: _____

☐ Incomplete — additional information requested: _____

☐ 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: _____