

Arrowhead Estates Homeowners Association
ARCHITECTURAL REVIEW BOARD APPLICATION ***

*****SUBMIT COMPLETED APPLICATION AND RECEIVE ARB APPROVAL BEFORE STARTING ANY WORK*****

SUBMIT TO BOTH ADDRESSES: cmreception@sentrymgt.com **AND** arb@arrowheadestates.info

PROPERTY OWNER: _____ **DATE:** _____

PROPERTY ADDRESS: _____ **ZIP:** _____

MAILING ADDRESS: _____

PHONE(S): _____ **EMAIL:** _____

- ❖ **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 CAN BE FOUND BY CNTRL+CLICK HERE: [Sherwin-Williams Arrowhead Estates HOA Colors](#)**
- ❖ **PROPERTY OWNER IS RESPONSIBLE FOR OBTAINING ALL REQUIRED PERMITS.**

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 samples; list vendor, scheme/code, and attach color swatches.

PAINT VENDOR NAME: _____

SCHEME #: BASE _____ TRIM _____ GARAGE _____ DOOR _____

CODE #: BASE _____ TRIM _____ GARAGE _____ DOOR _____

- ☐ WINDOWS: Include exact make, model, style, and frame color.

MAKE _____ MODEL _____ STYLE _____ COLOR _____

- ☐ OTHER (Please Describe in Detail – Add additional Sheets if needed)

OWNER SIGNATURE

OWNER SIGNATURE

FOR ARCHITECTURAL REVIEW BOARD USE ONLY

RECEIVED BY: _____ **DATE RECEIVED:** _____

ARCHITECTURAL REVIEW BOARD DECISION:

- ☐ INCOMPLETE — INFORMATION REQUESTED:

- ☐ APPROVED — MUST CONFORM WITH ASSOCIATION COVENANTS & RESTRICTIONS

- ☐ APPROVED WITH CONDITIONS:

- ☐ 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 _____