

Architectural Review Committee APPLICATION FOR ARCHITECTURAL CHANGE

Please Return Request To:

Community Association Services of Indiana
 11711 North College Ave., Suite 100, Carmel, IN 46032
 Fax: (317) 875-5614 / Email: casireceptionist@associa.us

1 Application Date: _____ Community: _____

2 Name: _____ Phone: _____

3 Alternate Phone: _____ E-Mail: _____

Address: _____
Street City Zip

Model or unit type: _____ Lot #: _____
(Ranch, Two Story, etc.)

4 Describe the proposed change in detail: _____

5 Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate.

	Yes	No		Yes	No
Electric	_____	_____	Cable TV	_____	_____
Telephone	_____	_____	Exterior Walls	_____	_____
Gas	_____	_____	Patio Fencing	_____	_____
Water	_____	_____	Patio Slab	_____	_____
Sewage	_____	_____	Sidewalks	_____	_____
Drainage	_____	_____	Pavements	_____	_____

6 Please list the major construction materials which will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible.)

<input type="checkbox"/> Fencing : _____ <input type="checkbox"/> Wall (mat'l, height, length, depth): _____ <input type="checkbox"/> Other: _____ _____ _____	<p style="text-align: center;">Required to fill out page 3 & 4</p> _____ _____ _____ _____
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7 Will the proposed project extend beyond your property line? Yes _____ No _____
 If yes, explain why and provide the name and address of the affected homeowner.

Explanation: _____
 Name: _____ Address: _____

8 Professional Services and Project Schedule:

A. The project will be completed by: Homeowner _____
Contractor(s) _____
Both _____

B. List of Professional Services Contractors:

Contractor: _____ Service: _____
(i.e. concrete, fencing, etc.)
Contractor: _____ Service: _____

C. Please indicate the approximate time needed to complete the project, subsequent to ARC approval _____.

9 Attachments:

A. Plot plan or Lot Survey (required for all applications, if missing, request will be rejected): Blueprint of property showing existing structures and intended improvements. Show all applicable dimensions. Call Boone Co. Auditor's Office (765) 482-2940 if you do not have your copy.

B. Permits (as required by local government): If your improvement project requires a City or County construction permit (i.e. pool installation), those completed permits must be attached to this application.

C. Construction Specifications (required for concrete work): If your improvement project requires a City or County construction permit (i.e. pool installation), those completed permits must be attached to this application.

D. Photographs (recommended) of similar construction projects.

NOTE: A signed copy along with a decision letter will be returned stating whether the project was approved or denied.

I hereby acknowledge that I have read and understand the guidelines for architectural improvements as stated in the Plat Covenants and Restrictions of my association. I understand that I am **required** to obtain ARC approval **before** making any improvements/modifications to my home.

*** Please allow up to forty five (45) days for approval process, per the covenants**

Homeowner's Signature: _____
(Do Not Write Below This Line)

WARNING: IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO DETERMINE IF THE GOVERNMENT BODY (BOONE COUNTY, ETC.) APPROVAL IS REQUIRED. APPROVAL BY THE APPROPRIATE GOVERNMENT BODY DOES NOT RELIEVE THE PROPERTY OWNER OF RESPONSIBILITY TO OBTAIN ARC APPROVAL NOR DOES ARC APPROVAL RELIEVE THE PROPERTY OWNER OF RESPONSIBILITY TO OBTAIN GOVERNMENT BODY APPROVAL.

Fence Application Form

10 Select Fence type from **only** the 3 available below

A. Black Vinyl Chain Link



11 Specify Height

3'	4'	5'	Other	<input type="text"/>
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12 Other Information

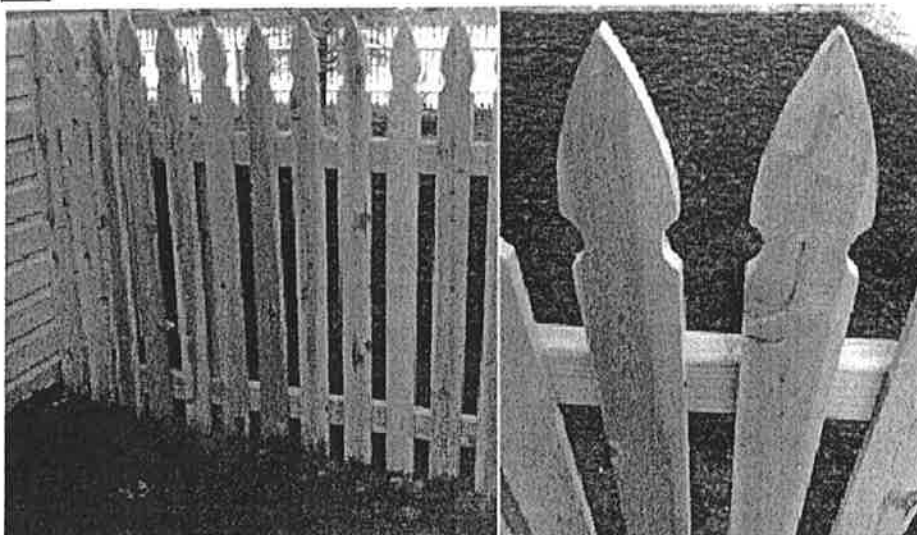
B. Wooden Split Rail



Specifications

<input type="checkbox"/>	2 Rail
<input type="checkbox"/>	3 Rail

C. Wooden Picket Fence



Specifications

Slat Style: **Gothic**

Slat Width Max: **3.5"**

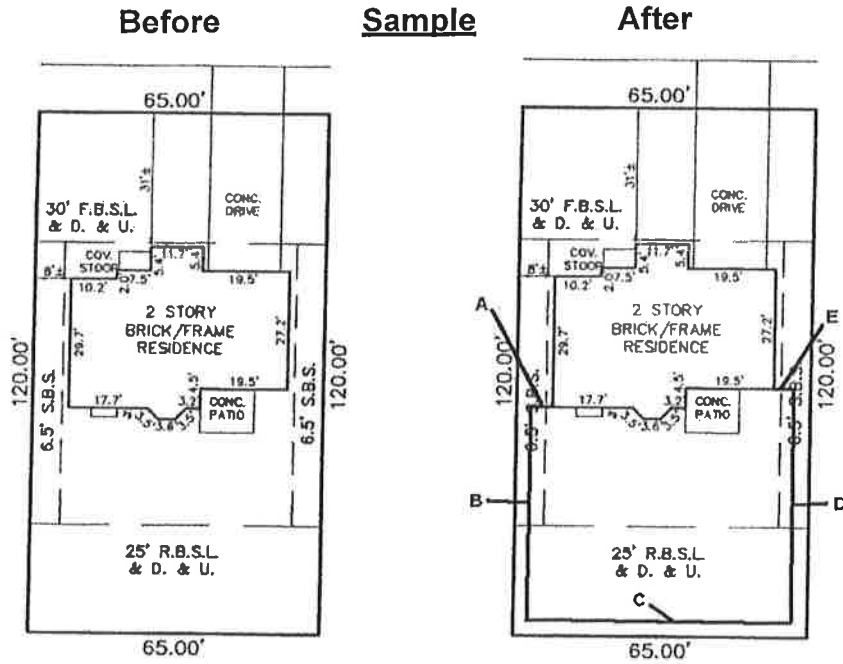
Slat Gap Min: **2"**

Sealed*

<input type="checkbox"/>	Clear
<input type="checkbox"/>	Stain
	Color _____

*Must be sealed,
no paint allowed

13 Drawing on a copy of your PLAT or Lot Survey showing the location of the requested fence



14 Specify Dimensions

- must be a minimum of 1 foot off the property lines on all sides

A.	
B.	
C.	
D.	
E.	

Special Note: ARC is not responsible if the fence is installed outside of your property. This is not allowed per the covenants. The home owner would be responsible to have the fence corrected.

All Fences must be properly maintained. If not, the owner agrees to correct or remove the fence as it would be in violation of the covenants. All Fences in violation must be removed immediately upon final notice.

Article VII

7.2 Purposes and Powers of Architectural Review Committee. The Architectural Review Committee shall review and approve the design, appearance and location of all residences, structures or any other improvement placed or modified by any person on any Lot and the installation and removal of any trees, bushes, shrubbery and other landscaping on any Lot, in

7.3 Duties of Architectural Review Committee. If the Architectural Review Committee does not approve a Requested Change within forty-five (45) days after all required information on the Requested Change shall have been submitted to it, then such Requested Change shall be deemed denied. One copy of submitted material shall be retained by the Architectural Review Committee for its permanent files.