VENTANA

Architectural Review Board (ARB)

APPLICATION FOR ARCHITECTURAL REVIEW

[ATTACH SAMPLE HERE]

(Plans/specifications for the proposed work MUST be attached in DUPLICATE)

Property Owner _____ Phone _____

Address _____E-Mail _____

As owner of the above described property, I/we submit the following for consideration and approval. It is my/our desire to add or change the following:

____Landscaping Plans/Installation
____Exterior Painting
____Roof Replacement
____Other
____Screen Room or Addition
____Pool Installation
____Fence Installation (note setback, height & type)
____ Driveway Modification or Resurface

_____

_____

If this application is approved, I accept full responsibility for any actions of the vendor or contractor or their employees for any damage or alteration which may happen to Ventana common areas or other property in Ventana as a result of this project and agree to replace or restore such damaged property to its original condition. I further state that I will be responsible to obtain all appropriate permits, licenses or insurance as may be required by City, County or State agencies prior to the commencement of this project.

_____ _____ _____

Owner's Signature | Today's Date | Project Start Date

Notes: Plans are reviewed for the limited purpose of determining aesthetic compatibility with the community in general in the subject opinion of the approving authority and whether the plan is in compliance with the declaration of covenants and restrictions. Plans are approved or disapproved on a limited basis. No review has been made with respect to functionality, safety, compliance with governmental regulations or otherwise, any party with respect to such matters should make no reliance on approval. The approving authority disclaims liability of any kind with respect to submitted plans, the review of, or any structures built, including, but not limited to liability for negligence or breach of express or implied warrant. The Architectural Review Committee has up to thirty (30) days for a final determination on an application. *Typically, an application determination is rendered within ten (10) working days.*

This Request Expires 6 Months From Date of Approval

_____Approved _____Not Approved ARB Rep _____ Date _____

_____Approved _____Not Approved ARB Rep _____ Date _____

_____Approved _____Not Approved ARB Rep _____ Date _____

Board Rep _____ Date _____
(If Required)

Final ARB Inspection ARB Rep_____ Date_____

Comments_____

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