

**ARCHITECTURAL REVIEW APPLICATION FORM FOR
CHATEAUX DES LACS HOMEOWNERS ASSOCIATION, INC.**

Name _____ ADDRESS _____
Phone (Day) _____ Phone(Evening) _____

HOMEOWNER 'S AFFIDAVIT - I have read the covenants and restrictions of the association and agree to abide by such covenants and restrictions. No work will commence without the prior approval of the Association.

Signature _____ Date _____

REQUEST FOR ARCHITECTURAL REVIEW DOCUMENT CHECKLIST

____ Certificate of Insurance: Date: _____
____ Occupational License: Date: _____
____ Certificate of Competency: Date: _____

The following plans must be submitted:

____ Survey/Plat Plan ____ Specifications ____ Site Elevations
____ Building Plans ____ Permit ____ Details/Drawings
____ Photos ____ Other (noted)

PROVIDE A BRIEF DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT OR PLAN (USE OTHER SIDE OF FORM, IF NEEDED).

Requested Start Date: _____ Completion Date: _____
Contractor: _____ Address: _____

(For Association Use Only)

____ Approved by ARB Chairperson/Member/Property Manager Date: _____
____ Insufficient Information Submitted: _____
____ Application Denied: _____

Committee Chairperson and/or Member: _____ Date: _____
Property Manager: _____ Date: _____