

**REQUEST FOR ARCHITECTURAL IMPROVEMENT**

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**OWNER'S NAME:**

**TELEPHONE:**

**ADDRESS:**

**REQUEST THE ARCHITECTURAL REVIEW BOARD REVIEW THE FOLLOWING IMPROVEMENT TO MY PROPERTY:**

**DESCRIPTION OF MATERIALS TO BE USED, SPECIFY TYPE AND QUALITY:**

**PROJECTED START/FINISH DATES:**

**SIGNATURES OF TWO ADJACENT PROPERTY OWNERS:** \_\_\_\_\_  
\_\_\_\_\_

**THIS FORM, ALONG WITH A SKETCH OF THE PROPOSED IMPROVEMENTS GIVING DIMENSIONS OF PROJECT AND SHOWING ELEVATION WITH A COPY OF YOUR PLAT SHOWING LOCATION OF THE IMPROVEMENT ON YOUR PROPERTY MUST BE PROVIDED TO A MEMBER OF THE ARC IN DUPLICATE. APPLICATIONS SHOULD BE SUBMITTED NLT 2 WEEKS PRIOR TO DESIRED START DATE. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THAT ALL PROJECTS CONFORM TO THE APPLICABLE STATE AND COUNTY CODES/LAWS/ORDINANCES.**

**DATE:** \_\_\_\_\_ **OWNER SIGNATURE** \_\_\_\_\_

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**FOR ARCHITECTURAL REVIEW COMMITTEE USE**

**DATE RECEIVED:**

**DATE REVIEWED:**

**ARC DECISION:** ( ) APPROVED ( ) DISAPPROVED ( ) RETURNED

**REASON FOR DISAPPROVAL/RETURN:**

**REVIEWED BY:**  
**STANLEY FOREST HOMEOWNERS' ASSOCIATION CARDINAL STATION**