

Paint and Awnings

Application for Architectural Review



Property Address _____ Lot # _____

Homeowners _____ Date Submitted _____

Homeowner's Signature(s) _____ & _____

Contact Phone # _____ Best time to contact you _____

Email Address _____

Describe your proposed project: _____

Start Date (mm/dd/yr) _____ Estimated Comp Date (mm/dd/yr) _____

Contractor's Names and Phone Numbers:

Page # from the Claremont Collection and using Miller Paint _____

Body Color: _____ Door Color: _____

Trim Color: _____

Describe area to be painted trim color: _____

If you are using custom colors, or are not using Miller Paint, attach industry standard drawdowns for each color. These must be professionally made at the paint store.

Homeowner Initials _____

Awning requests must have a photo and sample of the awning material or product attached.

Homeowner Initials _____

I Understand That:

- This application must be submitted, reviewed and approved by the ARC prior to any work commencing. **Homeowner Initials** _____
- This form must be completed in its entirety, and accompanied by all necessary attachments as specified in the Design Guidelines before any action by ARC will be taken. **Homeowner Initials** _____
- ARC has up to 15 working days to process this application. When the application is approved, I will be notified in writing that I can begin the project. **Homeowner Initials** _____
- The time limit for Portable Toilets is 10 days. It will not be placed in the public right away. The contractor and I are responsible for placing it in the most reasonable location on my property. **Homeowner Initials** _____
- I am responsible for ensuring that all required county permits are obtained before work begins. I am responsible for verifying license, bonding and insurance of the contractors. I am responsible for verification and knowledge of my property lines. Claremont is in no way responsible for any work, person, or material used in this project. **Homeowner Initials** _____
- **If you live in a townhome, you must first get the approval from their ARC committee before submitting it to the Civic** **Homeowner Initials** _____

Received by office: _____

Approved

This project must be completed by the specific completion date. If delays occur, the Front Office must be notified.

ARC Member

Date

Second ARC Member

Date

Approved With Conditions

Conditions are as follows:

ARC Member

Date

Second ARC Member

Date

I hereby accept all conditions required by ARC for approval of this project, and will complete the project including these conditions.

Homeowner

Date

Homeowner

Date

Not Approved

For the following reasons:

ARC Member

Date

Second ARC Member

Date

I hereby accept all conditions required by ARC for approval of this project, and will complete the project including these conditions.

Homeowner

Date

Homeowner

Date

ARC Member to reference specific Design Guidelines and page number used in this decision

ARC Member to list lot numbers that will be impacted by this project– cards will be sent to those homeowners

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

ARC Member to relate any pertinent details regarding contact and appointments with homeowners

To Be Completed By the Townhome Association		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Not Approved
Explanation:		
<hr/> <hr/>		
_____	_____	_____
Townhome Signature	Position	Date
<input type="checkbox"/>	Homeowner Acknowledges this decision	