

FOR OFFICE USE ONLY:
No Outstanding Balances as of this date _____
No Outstanding Compliance matters as of this date _____

**FOREST OAKS WEST HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL CONTROL APPLICATION FORM**

REQUEST FOR ARCHITECTURAL APPROVAL (Please
fill in all items and supply all supporting data as requested.)
Incomplete forms will cause delays in review of your application.

Date: _____

Property Owner's Name: _____

Property Address: _____

Subdivision: _____ Lot #: _____

Telephone: (W) _____ (name _____) (H) _____

Please note: NO construction should be started until you receive approval for your request from the Architectural Review Committee.

This architectural request **must** be accompanied by two (2) different drawings:

1. Plot plan (official survey of lot) – showing the improvement (i.e. deck, fence, landscaping, parking pad, garden, addition, etc.) and its relationship/distance to property lines, easements, open space, drainage ditches, neighboring homes, etc.
2. Elevation – or “head on” view, as would be seen in a photograph. This drawing should show height, width, and distance above finished grade and details of the proposed request. Be specific in order to expedite the architectural review process. Photographs or brochure pictures should be submitted along with this request when available.

Description of improvement: _____

Disclosure: Applications received for properties with Outstanding Balances or Outstanding Compliance matters will be denied. Applicants can reapply after ALL matters have been resolved to the HOA's satisfaction.

Construction materials to be used: _____

Colors (attach samples if necessary): _____

Estimated Start Date _____ Days to Complete _____

Note: NO work may begin prior to approval from Architectural Committee.

In applying for the above architectural change, I agree to follow to the best of my ability the changes as described and meet any and all codes, permits or other requirements deemed necessary by county, state or other applicable authority.

Owner's signature

Date

Owner's signature

Date

Submit to:

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(FOR COMMITTEE USE ONLY)

Name: _____ Address: _____

Project: _____

The Architectural Control Committee of **Forest Oaks West** Hereby **approves** the request for architectural approval with the following restrictions:

Signature

Date

Signature

Date

The Architectural Control Committee of **Forest Oaks West** Hereby **disapproves** your request for the following reasons:

Signature

Date

Signature

Date

Disclosure statement: This approval is for architectural approval only. This approval does not represent any state or county approval required. The individual property owner is responsible for securing any state and/or county agency approval necessary.

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