

A. General Information:

(District use) Received on:

Property Address:	
Email Address:	Phone Number:
A \$50 Review Fee	* is required with all application submittals. The \$50 fee is made payable to
Serratoga Falls Ma	etropolitan District and is due at the time the application and plans are submitted for

review.

Owner(s):

B. My request involves the following type of improvement:

□ Landscaping	\Box Storage shed
□ Fencing	🗆 Deck / Patio / Slab
Drive / Walk addition or improvement	\Box Roofing
□ Basketball backboard / pole	Patio Cover / Awning / Pergola
□ Storm doors	\Box Painting (please see Section D)
\Box Room addition	□ Other

C. Description of work (include materials, kind, exterior color(s), & location of improvement)

D. Paint form for exterior paint (if applicable)

Please include a sample of the requested paint colors and fill out the below box indicating the color name and code that you are requesting for each area to be painted. Home exterior paint does not need approval for original home colors.

Base / Body	
Trim	
Front Door	
Accent	

E. Contractor Company & Representative Name, if any:

F. Attachments:

plan
ation drawings
hitectural drawings
ple of materials
-



*The review fee for your initial application for backyard landscaping was collected at closing. Any subsequent modifications will require an addition \$50 review fee.

I understand that I must receive the written approval of the Architectural Control Committee (ACC) in order to proceed. I understand that the District may request additional information prior to reviewing this request. ACC approval does not constitute approval of the local building or zoning department, drainage design, structural or engineering safety and/or soundness. I understand that I may be required to obtain building or other permits prior to the commencement of any work. I agree that my failure to obtain required building or other permits/approvals will result in the withdrawal of ACC approval.

I further agree not to alter existing drainage patterns on the Lot without the express approval in writing by the Board or ACC. I will not damage or alter District property at any time, and resulting damages may be repaired by the District and my responsibility to pay. Upon completion of my improvement, I hereby authorize the ACC or its delegate to enter onto my property for exterior inspection at a mutually agreed upon time, if requested. I agree that my refusal to allow inspection may result in the withdrawal of ACC approval.

I further agree that if, at any time during the process, the ACC requests to enter onto the Lot or requests further information to determine if the improvement is being constructed in accordance with the approval plan and/or Covenants, I will comply with the request. I agree that my failure to comply with the request shall result in the withdrawal of ACC approval. In addition, I agree that my failure to start or complete the Improvement within the time specified on the application shall result in withdrawal of ACC approval unless an extension in requested in writing and approved in writing.

Planned start date:	Planned completion date:
Homeowner Signature	Date
	tectural Control Committee
The ACC / Board of Directors, having rev	viewed the submission above, hereby finds that the request is:
Approved as submitted.Approved with the following provision	ns and/or subject to HOA governing documents:
□ Must be completed by:	
□ Must be completed by:	
 Must be completed by:	with governing documents:
 Must be completed by:	/ with governing documents:y suited for the lot.
 Must be completed by:	/ with governing documents:y suited for the lot.

ACC / Board Member / Authorized Representative

Date