

VALLEY WOOD HOMEOWNERS ASSOCIATION INC.

REQUEST FOR ARCHITECTURAL REVIEW

DOCUMENT CHECKLIST

<input type="checkbox"/> Survey/Plot Plan <input type="checkbox"/> Bldg. Plans <input type="checkbox"/> Elevation <input type="checkbox"/> Details	<input type="checkbox"/> Specifications <input type="checkbox"/> Permit <input type="checkbox"/> Photos <input type="checkbox"/> Other (noted)
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OFFICIAL USE ONLY

Lot Number: _____

Received By: _____

Date Received: _____

Name: _____

Address: _____

Tele #: _____

PROVIDE A BRIEF DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT OR PLAN

All approvals for improvement or modification of the properties are valid for six months from date of approval, and must be completed before expiration.
 All necessary governmental permits must be obtained, and any construction must be to "code".
 Allow 30 days for Architectural Review

Start Date: _____ Contractor: _____ Address: _____	Completion Date: _____ <input type="checkbox"/> Cert. Of Insurance _____ <input type="checkbox"/> Occupation Lic. _____ <input type="checkbox"/> Cert. Competency: _____
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Home Owner Affidavit

I have read the Covenants and Restrictions of the Association and agree to abide by same.
 No work will be commenced without approval of all Associations as required.

Date: _____ Signed: _____

Approved By A Member of the Architectural Committee: YES NO

Member's Name: _____ Date: _____

Approved By A Member of the Valley Wood Board of Directors: YES NO

Member's Name: _____ Date: _____

COPY RETURNED TO APPLICANT FOR ADDITIONAL INFORMATION Date: _____

COPY RETAINED IN UNIT OWNER FILE