Highland Square Homeowners Association  
Architectural Improvement Request Form

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| --- | --- |
| Homeowner Name |  |
| Property Address |  |
| Email |  |
| Phone Number |  |
| Estimated Start Date |  |
| Estimated End Date |  |

# Type of Improvement, Modification, or Addition

## □ Addition/modification or change to house exterior

## □ Detached garage, shed, or other structure

## □ Deck, porch, gazebo, or patio

## □ Swimming pool

## □ Fence

## □ Other

## Project Description

Please provide an explanation of the project including details on where the addition/modification or change is made, the dimensions, materials, architectural features and colors used. Drawings, sketches, color pallets, or plans may be attached to expedite approval.

# Terms for this Architectural Improvement Request Form

I understand and agree to the following:

 That this modification may require a building permit or may be subject to other government regulations. I agree to obtain all required county approvals. Approval of this application satisfies only the requirements of the Association and not any obligations to the City, County or others as may be required.

 That I assume full responsibility for all landscaping, grading and/or drainage issues relating to the improvements, including applicable replacing bonds or escrows posted by Developer/Builder currently in place affecting this lot. All work associated with the project will be completed within the property lines. I assume responsibility for any damage to adjoining property (including common areas) or injury to third persons associated with the improvement.

 That no work on this proposal will commence until I receive written approval of the Architectural Review Board. To do so is a violation of these Guidelines and may result in my being required to remove any unapproved modification and restore my property to its original condition at my own expense if this application is disapproved. I also understand I may be held responsible for any legal fees incurred on behalf of the Association in enforcing this provision.

 That an approval is contingent upon the construction being completed in a timely, professional and workmanlike manner in accordance with the specifications submitted in this application.

 The members of the Architectural Review Board, with appropriate advance notice, may enter upon my property to make a routine inspection.

 That there are architectural requirements addressed in the Articles of Association governing Highland Square Homeowners Association, Inc. and there is an application review process established by the Architectural Review Board.

 That any approval granted by the Architectural Review Board (if so granted) will automatically expire should the proposed project not be commenced within 6 months of the approval or completed within 6 months of the start of construction.

 That a variation from the original application must be submitted for approval by Architectural Review Board.

Owner/Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------------------------------------------------------------------------- (For Association Use Only) □ Approved

□ Disapproved

□ Approved with conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Approval:

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_