

**ARCHITECTURAL REVIEW APPLICATION**

**FILL OUT COMPLETELY**

Please submit this application, diagrams or drawings, and plot plans to the Townhomes of Shadow Glen HOA Property Manager at the above address. **NO REQUEST WILL BE CONSIDERED UNLESS COMPLETE.** The architectural review committee will review this application and approve or disapprove within 60 days.

**Please review the Declaration of Restrictions for Townhomes of Shadow Glen HOA before submission**

**TOWNHOUSE # \_\_\_\_\_ OWNER: \_\_\_\_\_**  
**ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_**  
**EMAIL: \_\_\_\_\_**

**EVALUATION: (Sketch design and description if necessary; manufacturers literature is welcome)**

1. Front and side view elevations with dimensions
2. Location and depth of any required cuts or fills in the soil
3. Show the location of any existing utilities or drainage courses (if applicable or in close proximity)
4. Indicate an anticipated start and completion date
5. Secure a building permit from the city (if applicable)
6. Any fence built over a drainage swale must maintain the bottom of the fence at the same grade as the top of the swale bank so that water within the drainage swale is able to flow under the fence.
7. All Fences must be constructed so that the finished side faces the outside perimeter.

**NATURE OF IMPROVEMENT: Attach Diagrams or Drawings to help explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR NAME AND PHONE NUMBER:**

\_\_\_\_\_

**TYPE OF MATERIALS, DIMENSIONS/COLOR (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF ADDITION/CHANGE: Attach a plot plan of lot showing location of house and proposed addition/change.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

For Board of Directors/Architectural Review Committee Use Only

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/> <b>Approved with Conditions (see below)</b>		
_____ _____ _____		
<b>Architectural Review Committee/Board Member</b>		<b>Date</b>
_____		_____
<b>Inspection of completed project conducted on (date):</b> _____		
<b>By:</b> _____		<input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>
<b>Notes:</b> _____ _____		