

ATTACHMENT #1

ARCHITECTURAL ITEM APPROVAL FORM

HOMEOWNER – Please complete the top portion of this form, sign and date disclaimer, attach drawings/specifications and submit to Crown Hills Site Manager’s Office.

HOMEOWNER’S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_

DESCRIPTION OF PROJECT \_\_\_\_\_

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

ARE YOU USING A LICENSED CONTRACTOR OR COMPLETING THIS PROJECT YOURSELF?

LICENSED CONTRACTOR  SELF  
please check one

BUSINESS/CONTRACTOR NAME \_\_\_\_\_

ESTIMATED DATE OF COMPLETION \_\_\_\_\_

*Not to exceed 90 days from date of approval*

Disclaimer: Per CC&R Section 5.4, this request will be reviewed only in terms of style, exterior design, appearance and location. Engineering design and compliance with zoning/building ordinances will not be considered and Committee Members, the Association, and Board Members assume no liability or responsibility therefore, or for any defect constructed from plans and specifications.

\_\_\_\_\_  
Signature of Homeowner Date

OFFICE USE: DATE THIS REQUEST WAS SUBMITTED \_\_\_\_\_

ARCHITECTURAL COMMITTEE USE:		SITE VISIT		Approved	Not Approved
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ARCHITECTURAL COMMITTEE MEMBER SIGNATURE	PRINT NAME	DATE			
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ARCHITECTURAL COMMITTEE MEMBER SIGNATURE	PRINT NAME	DATE			

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Any deviation from approved plans must be resubmitted for approval prior to proceeding

FOLLOW-UP SITE VISIT:

PROJECT COMPLETED:  YES  NO NAME: \_\_\_\_\_  
COMMITTEE MEMBER NAME DATE

COMMENTS: \_\_\_\_\_

**When job is completed,  
Call the office for the arcs  
final review & approval**

**All Improvements  
Must Be Completed In A  
"Workman-like" Manner**