

DESIGN REVIEW REQUEST

HOMEOWNER'S INFORMATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

Email: _____

TYPE OF PROJECT

- | | | |
|--|---|---|
| <input type="checkbox"/> PATIO COVER | <input type="checkbox"/> CHANGE/INSTALL WALL/FENCE/GATE | <input type="checkbox"/> INSTALL POOL |
| <input type="checkbox"/> CONVERT YARD | <input type="checkbox"/> ADD SIDEWALK/STEPS | <input type="checkbox"/> EXTEND DRIVEWAY |
| <input type="checkbox"/> CONSTRUCT SHED | <input type="checkbox"/> INSTALL SATELLITE DISH | <input type="checkbox"/> PAINT HOUSE EXTERIOR |
| <input type="checkbox"/> OTHER (DESCRIBE PROJECT IN DETAIL): _____ | | |

PROJECT INFORMATION

MATERIAL BEING USED
(DESCRIBE AND/OR ATTACH
PICTURES, PLANS OR
BROCHURE):

**CONTRACTOR
INFORMATION**
(IF HOMEOWNER IS DOING
WORK WRITE NONE)

COMPANY: _____

ADDRESS: _____

PHONE: _____

START/COMPLETION DATE (ESTIMATION ONLY)

START DATE: _____ COMPLETION DATE _____

IMPORTANT INFORMATION

DO NOT START THIS PROJECT UNTIL IT HAS BEEN APPROVED IN WRITING BY THE ARC COMMITTEE OR THE BOARD OF DIRECTORS. THE ARC COMMITTEE OR BOARD OF DIRECTORS MAY ADD ADDITIONAL CONDITIONS THAT MUST BE MET BY THE HOMEOWNER AT THE HOMEOWNER'S EXPENSE. THE HOMEOWNER IS REQUIRED TO OBTAIN ALL APPLICABLE BUILDING PERMITS AND MUST MEET ALL APPLICABLE BUILDING CODE REQUIREMENTS. THE BOARD OF DIRECTORS MAY IMPOSE A FINE IF THE HOMEOWNER FAILS TO MEET THE CONDITION REQUESTED BY THE ARC COMMITTEE OR BOARD OF DIRECTORS.

OFFICE USE ONLY

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> APPROVED w/Conditions | Finish By: <input type="checkbox"/> 30 days | <input type="checkbox"/> 60 day | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Provide permits - if requested | | <input type="checkbox"/> Restore front yard to original condition - Pool only | |
| <input type="checkbox"/> Paint to match existing color or color provided | | <input type="checkbox"/> Remove lawn to 1 1/2" - Yard conversion only | |
| <input type="checkbox"/> Edging material required - Yard conversion only | | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> DISAPPROVED | Reason: _____ | | |

SIGNATURE: _____

DATE: _____

SEE REVERSE

DESIGN REVIEW REQUEST

NEIGHBOR'S COMMENTS				
NORTH SIDE OF PROPERTY	NAME: _____	PHONE: _____		
	ADDRESS: _____	AGREE?	YES	NO
	SIGNATURE: _____			
SOUTH SIDE OF PROPERTY	NAME: _____	PHONE: _____		
	ADDRESS: _____	AGREE?	YES	NO
	SIGNATURE: _____			
EAST SIDE OF PROPERTY	NAME: _____	PHONE: _____		
	ADDRESS: _____	AGREE?	YES	NO
	SIGNATURE: _____			
WEST SIDE OF PROPERTY	NAME: _____	PHONE: _____		
	ADDRESS: _____	AGREE?	YES	NO
	SIGNATURE: _____			
ADDITIONAL COMMENTS:				
HOMEOWNERS SIGNATURE				
<p>MAIL OR FAX COMPLETED FORM TO: Desert HOA Management Inc. P.O. Box 750639 Las Vegas, NV 89136 Phone: 702-396-6042 & Fax: 702-445-6768</p>				

This form is not valid without the signature of the homeowner of record. If an electronic signature is used, you must provide a Certificate of Completion or equivalent proof of signature.

A drawing, sketch, map or photo of the project to be performed or materials to be used or installed must be provided with this form.

DRR forms may be emailed to deserthoamgmt@lvcoxmail.com

Time-frames for approval depend upon several factors and cannot be guaranteed.