

DESIGN REVIEW REQUEST

HOMEOWNER'S INFORMATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

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: _____ | |

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	
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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