

NAME of HOMEOWNERS ASSOC.: _____

Architectural Review Application Form
c/o Superior Community Management
P. O. Box 4585 Tualatin, OR 97062
Tel: (503) 684-1832; Fax:(503) 684-1834
Email: info@superiorcommunity.com

Date Submitted: _____

Applicant Name: _____

Address: _____

Lot/Unit #: _____

Day Phone: _____ Fax: _____ Email: _____

Modification Type:

Construction Landscape Other:

Estimated Start Date: ___/___/___ Completion Date ___/___/___

Modification Information:

Please include along with this application, a simple foot print drawing of where the work will be located on your lot/unit in relation to your lot lines and home. If you plan to build any structures, please list the types of materials you plan to use, as well as the finish colors to be applied, and show the design of the structure.

Note that all construction and installation of any improvements shall comply with local, state and federal building and land use regulations. Compliance with these regulations is the responsibility of the homeowner. This review and approval is not a review, nor an approval, for compliance with any local, state or federal building or land use regulations.

Building, electrical or plumbing permits may be required. The determination of the necessity of any permits is the responsibility of the homeowner. Obtaining any necessary permits is the responsibility of the homeowner. MANAGEMENT MUST HAVE COPIES OF ALL REQUIRED PERMITS ON FILE PRIOR TO STARTING ANY PROJECT.

Changes to the proposed plan necessitated by permits or compliance with local, state or federal building or land use laws are subject to additional review by the Architectural Review Committee (ARC).

Please submit this application to the Management Company 30 days prior to beginning your project. The ARC will do all it can to have your application reviewed in a timely manner so as not to impede the timely completion of your project.

Homeowner – do not write below this line

Architectural Review Decision

Approved Approved with/Conditions Disapproved

Comments or Conditions to Approval:

Signature: _____ **Date:** _____

Your application will be processed in a timely manner