



**\*\*\*PLEASE EMAIL THIS FORM BACK TO ANDREW@ARCOMMUNITYCONSULTING.COM\*\*\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor Information (If Applicable):

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following three items **are required** before review by the Architectural Review Committee:

1. **Completed Architectural Change Request Form**
2. **Drawing/Plans/Samples of Proposed Change**
3. **Neighbor Awareness Form**

I acknowledge that work cannot begin until written approval is received. Incomplete applications will not be considered and will be returned. I am responsible for research and compliance of all municipal permits, municipal code requirements and association governing document requirements. I am responsible for any and all damage done to common areas by myself or contractors. I indemnify the association and hold it harmless from any damages or costs of a lawsuit that is filed due to installation, construction, or presence of the proposed improvement.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Use Only	
Date Received: _____	Date Reviewed: _____
Approval / Conditional Approval / Denial	
Comments/Conditions: _____	
_____	
Approved By: _____	Title: _____ Date: _____

# NEIGHBOR AWARENESS FORM

The intent of this neighbor awareness form is to advise your neighbor(s) who own property within close proximity to your property of the proposed improvement(s) that may affect them. Neighbor's signing below indicates their awareness of this application.

List Improvement(s): \_\_\_\_\_  
\_\_\_\_\_

## NEIGHBOR ACKNOWLEDGEMENT *(Please print)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>AR COMMUNITY CONSULTING</b> <b>MAIN OFFICE ADDRESS (IN PERSON APPOINTMENT ONLY):</b> <b><u>1180 North Town Center Drive (Suite 100), Las Vegas, NV, 89144</u></b> <b><u>Phone Number: 725-301-1977</u></b></p>
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