

**THE GROVE HOMEOWNERS ASSOCIATION**  
***Application for Architectural Review***

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

Unit Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

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1. Applicant must submit this form and a set of plans and specifications that include details regarding the nature, kind, shape, color, height, materials and location of the proposed alteration.
  2. A licensed contractor must perform this installation or construction and a copy of his/her certificate of insurance must accompany this application.
  3. This request will be considered for approval at the next regular meeting of the Board of Directors. *This application must be submitted at least thirty (30) days prior to the meeting.* Processing of this application may take up to thirty (30) days. You may not begin work until the request is approved.
  4. The purpose of this application is to provide compatibility and harmony in construction throughout the development.
  5. Approved requests will be valid for 12 months from the date of approval.

Proposed start date \_\_\_\_\_ Proposed completion date \_\_\_\_\_  
Building permit required     Yes  No

Guarantee/Warranty Terms \_\_\_\_\_

General Description of Proposed Work (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(attach plans, specifications, pictures, brochure, etc.)

I hereby request authorization to make the above noted modification or addition to my residence. I understand and agree to the following, if the request is approved:

1. All proposed changes must conform to building codes, if applicable.
2. Owner accepts complete responsibility for painting, upkeep and maintenance of said installation, hereafter.
3. If applicable, owner will submit a copy City/County final inspection approval to the Association.
4. Maintenance Responsibility Agreement may be required for certain modifications.
5. Owner will assume all responsibility for any damage that occurs to the building, or other structures in connection with this architectural change.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Board Action:     Approved     Denied  
Comments \_\_\_\_\_

\_\_\_\_\_  
Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR OFFICE USE

Date application received: \_\_\_\_\_ By: \_\_\_\_\_

Committee or Board Action

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approved with changes as below:

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Final inspection to be scheduled:  **Yes**  **No**

Application Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial:

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By: \_\_\_\_\_

Committee Chairperson