

WEST PASSAGE

Architectural Review Application

Date Submitted: _____, 20 ____

Applicant/Homeowner Name: _____

Address: _____

Building #: _____ Unit #: _____

Day Time Phone: _____ Fax: _____ Email: _____

Type of
Improvement

☐ Interior ☐ Exterior ☐ Other: _____

Expected Commencement Date: _____ Expected Completion Date: _____

Contractor(s): _____

- All contractors must be properly licensed and have liability insurance.
- Please include along with this application a description of the work to be completed, with drawings, pictures or other means of identification.
- Brief description of work to be done _____

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

Building, electrical or plumbing permits may be required. Any determination as to the necessity of any permits is the responsibility of the homeowner. Obtaining any necessary permits is also the responsibility of the homeowner.

Changes to the proposed plan necessitated by permits or compliance with local, county, state, federal or land use regulation, or otherwise, are subject to additional review(s) by the Architectural Review Committee.

Please submit this application to the Management Company and our ARC Chairman at least thirty (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 impeded the timely completion of your project.

NOTWITHSTANDING THAT YOUR PROJECT MAY COMPLY WITH ALL APPLICABLE LOCAL, COUNTY, STATE, FEDERAL BUILDING OR LAND USE REGULATIONS, YOUR APPLICATION MUST STILL COMPLY WITH THE TERMS OF YOUR ASSOCIATION'S GOVERNING DOCUMENTS.

Signature of Homeowner: _____

Homeowner – Please do not write below this line!

ARCHITECTURAL REVIEW DECISION

☐ Approved

☐ Approved w/ Conditions

☐ Disapproved

Comments or Conditions to Approval: _____

Signatures: ARC _____ Date: _____