

**REDSTONE VILLAGE COMMUNITY ASSOCIATION**  
**REQUEST FOR HOME IMPROVEMENT APPROVAL FORM**

In an effort to provide for and to protect each individual homeowner's rights and values, it is required that any homeowner(s) considering improvements and/or change of their deed property must submit a Request for Home Improvement Approval Form to the Architectural Review Committee (ARC) prior to commencement of any work. If after commencing work that has been approved, a modification is needed, homeowner(s) must submit an amended form for the ARC to review and approve. Any improvement done without ARC approval, still requires an approval after the fact, and the ARC and the Board has the right to require the homeowner to remove any unauthorized improvement from the property. The homeowner has the right to appeal to the Board upon any non-approval by the ARC.

Please complete this form in detail to avoid delays in processing. An incomplete form or a form with insufficient information will be returned to the homeowner(s).

NAME OF OWNER: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE (BEST TO CONTACT): \_\_\_\_\_

**Briefly describe the work to be done. Include color, location, dimensions, if applicable. You may attach a sketch, pictures, etc. If you are installing or raising a wall shared with your neighbors, the Neighbor Awareness Statement is required to be completed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who will be performing the work?**

\_\_\_\_\_  
\_\_\_\_\_

**Neighbor Awareness Statement**

I, \_\_\_\_\_, made these plans available to my neighbors, as required, for their review and notified them that I am submitting these plans for ARC approval. If the neighbor is unable to be contacted, it is so noted.

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

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

Rear  Side (Left)  Side (Right)

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

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

Rear  Side (Left)  Side (Right)

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

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

Rear  Side (Left)  Side (Right)

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**OWNER'S AFFIDAVIT**

- To my knowledge, nothing in the proposed improvement/alteration is in violation of the Covenants, Conditions and Restrictions (CC&Rs) for Redstone Village Community Association, as applicable to the subject lot.
- I represent and warrant that the proposed improvement/alteration will be completed in strict compliance with the CC&Rs and in accordance with the approval, if granted. Any change to such approval requires additional review by the ARC. I agree that members of the ARC may inspect the progress of an approved improvement with appropriate prior notice.
- I understand that approval by the ARC and/or Board of Directors shall in no way be construed as a waiver of modification of the CC&Rs.
- I understand that it is my responsibility to conform to any city, county, state, federal, or other agency building codes and ordinances that may apply to this improvement/alteration and that approval by the ARC shall in no way be construed as a waiver as such. Any required city permits are the responsibility of the homeowner.
- I agree that I will contact a member of the ARC for final inspection upon completion of the proposed improvement.
- I agree that no construction or other work on this improvement/alteration will commence until I have received the written approval from the ARC.
- I understand that the ARC will act on this request as quickly as possible and will contact me regarding their decision.

\_\_\_\_\_  
**Name of Homeowner (Please Print)**

\_\_\_\_\_  
**Homeowner Signature**

**Date submitted :** \_\_\_\_\_

**Date Received by ARC:** \_\_\_\_\_

**Date Approved by ARC** \_\_\_\_\_

**Note: Work must begin within 90 days of the approval date, or this request becomes null and void. However, if unforeseen circumstances cause a delay beyond 90 days, a written request for a 1 time additional 90-day extension will be granted by the Architectural Committee.**

