

REQUEST FOR CLEARMEADOWS ARCHITECTURAL CHANGE

Please provide all requested information to avoid delays.

Owner's Name: _____
Street Address: _____

Email Address: _____
Phone No: _____

FENCE/DECK

Material: _____
Height: _____

Style: _____
Color: _____

HOUSE SIDING/PAINT-Submit all color samples

Siding Material: _____

Body Color: _____
Trim Color: _____

STORAGE SHED

Roofing Material: _____
Siding Material: _____
Other: _____

Color: _____
Color: _____

Please note that proposed shed must match home.

PATIO COVER

Roofing Material: _____
Other material: _____
Size: _____

Color: _____
Color: _____
Other: _____

LANDSCAPING: _____

Submit plans: _____

ROOF: Type of material/color _____

ESTIMATED: Start Date: _____ Completion Date: _____

The approval Committee may need up to 30 days to review. Please be aware of this when considering start date. No work may be completed until approval letter is issued.

Please attach:

1. Plot plan showing setbacks, fence lines and position of buildings.
2. Set of drawings.
3. Pictures or brochures if applicable.

Note: If above items are not included, your request ***will be*** returned.

NOTE: No contractor signs may be left at residence

OWNER'S SIGNATURE:

Date: _____

Board/Committee Signatures:

Approved/Disapproved: _____ Date: _____

Approved/Disapproved: _____ Date: _____

Not Approved because / Approved with the following guidelines:

Please submit to: Association Management Services NW, 7710 NE Vancouver Mall Drive, Vancouver WA 98662; (360) 891-8829 fax; hoaWA@ams-nw.com

NOTE: **OWNER ASSUMES RESPONSIBILITY** FOR OBTAINING ALL NECESSARY PERMITS OR LEGAL REQUIREMENTS (i.e. TREE REMOVAL, STRUCTURAL CHANGES, FENCING, SHEDS) UPON APPROVAL. ALL REQUESTS ARE EVALUATED FOR CONFORMITY WITH EXISTING ARCHITECTURAL AND AESTHETIC CONDITIONS.