ARCHITECTURAL APPROVAL FORM
KAPPELMAN'S BEL AIRE HEIGHTS

(please submit one form per request **no less than 30 days** prior to start of work)

TO**: KBAH Architectural Control Committee (AC) Jack Jones, 4626 N Farmstead Ct, Bel Aire, Ks 67220 Phone 316-744-0523, 833-3299**

HOMEOWNER NAME_____
ADDRESS, CITY, STATE, ZIP_____
PHONE, Email _____

I hereby submit these plans and information regarding the improvement, addition or alteration to my home in Kappelman's Bel Aire Heights subdivision.. I will comply with the provisions contained in the "Declaration of Covenants, Conditions and Restrictions of Kappelman's Bel Aire Heights, an Addition to Sedgwick County, Kansas," for the said improvement, addition or alteration to my property and furthermore state, that I understand I must fully inform the Architectural Control Committee of any changes made after the approval is given and resubmit any changes prior to commencement of the improvement. All setbacks set forth in the covenants, as well as side yard, utility easements and common area requirements shall be considered in the planning of this improvement, as well as all City restrictions for rear yard setbacks, utility easements or side yard requirements. Materials on worksite subject to inspection at any time by a designee of the Bel Aire Heights Homeowners Association Board.

TYPE OF IMPROVEMENT, ALTERATION OR ADDITION

(Please provide plans, specifications, color, type, style, 12" x 12 "paint sample board (if applicable), location on the property, estimated date of commencement and completion etc.)

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_____
_____
_____
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_____

_____ _____

Signature & phone number of Homeowner Date of Submission to AC Committee

Name, Address and Phone # <u>of the contractors</u> doing the improvement, addition or alteration:

_____

The Architectural Control Committee _____Approves _____Disapproves
Subject to the following:

_____
_____
_____
_____
_____

_____

Date_____ Committee Member Signature_____

Date_____ Committee Member Signature_____

Date_____ Committee Member Signature_____

Date_____ Committee Member Signature_____

Date_____ Committee Member Signature_____

Revised 2/17, Updated 3/19