

**WINDING HOLLOW HOMEOWNER'S ASSOCIATION  
ARCHITECTURAL REVIEW COMMITTEE APPLICATION**

This is a request form to be completed by the homeowner and submitted to the Architectural Review Committee (ARC) for approval ***BEFORE*** any work commences. Please refer to the Declaration of Covenants, Conditions and Restrictions for a description of the ARC and its purpose.

**ALL WORK MUST BE COMPLETED WITHIN 90 DAYS OF APPROVAL OF THIS APPLICATION OR THE APPLICATION MUST BE RESUBMITTED FOR CONSIDERATION AGAIN.**

\*\*\*\*\*To Be Completed By Homeowner\*\*\*\*\*

<b>ASSOCIATION NAME:</b> Winding Hollow Homeowner's	<b>DATE:</b>
NAME:	
ADDRESS:	
HOME PHONE:	WORK PHONE:

<b>DESCRIBE THE CHANGE/ADDITION/INSTALLATION:</b> i.e. fence installation, repaint exterior, screen enclosure, pool, etc.

<b>LOCATION:</b> (Attach a copy of a plot plan or suitable diagram showing where the work is planned)

<b>SPECIFICATIONS:</b> (attach copies of plans, estimates or pictures)
<b>This paint color does not match my neighbor's on either side and directly across the street ___ check here No colors that are the same, nor colors that, in the opinion of the ARC are similar, will be approved if that color has already been applied to the homes on either side or across the street from the owner applying for approval.</b>
If Paint: Paint Manufacturer
Colors: Main Body of House
Trim
Door
Shutters
Dimensions:
Materials:
Comments:

**\*\*\* Note:** All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if the Architectural Review Committee approves your request.

Failure to provide complete information will delay the approval process.

\*\*\*\*\*To Be Completed By Architectural Review Committee\*\*\*\*\*

DATE RECEIVED:	DATE DENIED:
DATE APPROVED:	
BOARD MEMBER SIGNATURE:	
COMMENTS:	