

Falling Springs Architectural Review Application

To: Architectural Review Committee

Fax Number: 405-677-9316

Falling Springs Homeowners Association

Phone: 405-677-9116

c/o Oklahoma HOA Partners

Email: manager@fallingsprings.org

Name of Applicant or Responsible Party: _____

Name of Homeowner(s): _____

Phone (H): _____ Phone (W): _____

Property Address: _____

Mailing Address: _____

Lot Number: _____ Email: _____

Change(s) to be completed by: Licensed Professional _____ Homeowner _____

Are Prince William County Permits Required? YES NO (Circle one)

Desired Start Date: _____ Estimated time to complete: _____

Directions:

In order to be considered by the Architectural Review Committee your application must include the following:

- Plat Plan (survey) of your lot, with location of proposed modification marked
- Sketches, photographs, catalog instructions
- Dimensions and materials for the proposed
- Colors of proposed improvement
- Signatures from all adjacent neighbors

Please refer to your Falling Springs Homeowners Association Homeowner Design Guidelines for instructions on General Considerations, Specific Guidelines and Submission Requirements.

An application submitted without all required submissions will be considered incomplete. In such cases, the Board of Director's thirty (30) day review period will not comment until all required submissions have been provided. Other exhibits may be requested to permit adequate evaluation of the proposed change. If you have any questions regarding the required submissions or the application process, you are advised to seek guidance from the Association's Community Manager prior to submission of an application.

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Description of Proposed Change: Please print or type (Include Colors, Style, Location, Size, Materials to be used, etc.) Attach additional sheets as necessary.

Signatures of adjacent property owners most affected by the change: (optional)

Name: _____ Lot: _____ Name: _____ Lot: _____

Address: _____ Address: _____

(Signature) (Date)

(Signature) (Date)

Name: _____ Lot: _____

Name: _____ Lot: _____

Address: _____

Address: _____

(Signature) (Date)

(Signature) (Date)

NOTE: The signature of adjacent property owners indicates only an awareness of the applicants' intent and do NOT constitute approval or disapproval.

To The Applicant:

1. You understand and accept that compliance with the Guidelines, Protective Covenants and approval by the Falling Springs Board of Directors do not necessarily constitute compliance with the provisions or building and zoning codes and laws of Canadian County (the building ordinance of Canadian County requires that you file plans with the building inspector at his office for construction requiring a building permit). Further, nothing herein contained shall be construed as a waiver or modification of any said restriction and/or requirement.
2. You understand and agree that no exterior alteration shall commence until written approval of the Board of Directors has been returned to the applicant/homeowner. If unapproved alterations are made prior to receipt of the approved Application, or in addition to those outlines in the application description, the homeowner may be required to return the property to its former condition at the sole expense of the homeowner. The homeowner may also be required to pay all legal expenses incurred.
3. You understand that the members of the Board or their representative are permitted to enter upon the homeowner's property at any reasonable, pre-arranged time for the purpose of inspecting the proposed project site(s), while the project is in progress, and upon completion of the project, as necessary. Such entry does not constitute trespass.
4. You understand that any approval is contingent upon construction or alterations being completed in a workmanlike manner.

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5. You understand that the alteration authority granted by this application may/will be revoked automatically if the alteration requested has not commenced within one hundred eighty (180) days of the approval date of this application and completed by the date specified by the Board.
6. If you disagree with this decision, an appeal procedure is provided by the Board of Falling Springs. A verbal request for an appeal must be made within forty-eight (48) hours of receipt of the Board's decision, followed by submitting a written request within five (5) business days. If you have any questions or concerns about this application, contact the Homestead at Horn Valley office at the address/phone listed below.

OWNER SIGNATURE: _____ DATE: _____

Additional instructions for the Applicant/Homeowner:

1. Please consult and/or review the Declaration Guidelines for specific details required for each proposed change.
2. Provide all required details on attached sheets (copy of plat, sketches, scale drawings, photos, catalog illustrations, architectural plans, sales pamphlets, etc.). Indicate on a plat the location of your proposed structure or change, if applicable.
3. For changes in paint color, attach a manufacturer's sample, indicating the manufacturer's name, and proposed vendor's name.
4. Photo of front or back of property where modification is desired.
5. Indicate a desired start date and an estimated completion date, based on the date of the Board's approval.

Submit all requests to Oklahoma HOA Partners by any of the following methods:

USPS – 8823 S. Santa Fe Ave, Oklahoma City, Oklahoma 73139

Email – manager@fallingsprings.org

Attn: Falling Springs Homeowners Association