

Timbers Edge Homeowners Association

REQUEST FOR ARCHITECTURAL REVIEW BOARD APPROVAL LANDSCAPE AND EXTERIOR MODIFICATIONS

Article V – Architectural To Control the Beauty, Quality, and Value of the Development:

Necessity of Architectural Review and Approval No improvement or structure of any kind including without limitation, any building, fence, wall, swimming pool, tennis court, screen enclosure, sewer, drain, disposal system, decorative building, deck gazebo, landscape device or object structure or other improvement shall be commenced, erected, placed or maintained upon any Lot, nor shall any addition, change or alteration therein or thereof be made, unless and until the plans, specifications and location of the same shall have been submitted to, and approved in writing by the Architectural Review Board (ARB).

Lot Owner Information (Required):

Property Owner: _____ Date: _____

Mailing Address: _____ Lot #: _____

Phone #: _____ Email: _____

Submitting Your Request:

Submit two (2) copies of this form and attach required documents along with any other information you wish to submit to further clarify the project. Email a copy of this form (including any supporting documents, photos, etc.) to: arbtimbersedge@gmail.com. Review fees are to be paid at Park Management and Realty (8951 W 151st St, Orland Park, IL 60462). Payments can also be made over the phone (708-532-6200). **Proof of payment will be required before an approval letter will be issued.**

Effective 3/1/21, the ARB Review Fees are as follows:

\$150 – (i.e., pools, sports court, room additions, outdoor kitchen, etc.). **\$40** – (i.e., in-ground basketball units, brick mailboxes, landscaping, decks, patios, walkways, retaining walls, etc.) **No fee (\$0)** - (i.e., playsets, sprinkler systems, replacement doors and windows.)

Please Note: The ARB meetings are held bi-weekly. Therefore, we ask that you allow a minimum of fourteen (14) days for the review of your request. Please email arbtimbersedge@gmail.com notifying the ARB Committee upon completion of the project. A final walkthrough of the project will be performed by the ARB committee to properly closeout the project. Also, approvals are good for one (1) year unless otherwise noted.

Driveway and walkway construction/addition/modification:

- Attach survey of the property showing location and dimensions of driveway and walkways.
- Driveway and walkway material: Concrete: Brick Pavers:
- Describe and attach a photo of items including dimensions, color, all materials (brick, concrete, pavers, stone):

- Work start date: _____ Work completion date: _____

Landscape Plantings Sprinkler System, and Flower Bed Material:

- Attach survey of the property with landscape plan showing location of sod, trees, shrubs and perennial/annual beds.
- Describe and attach photo of items including dimensions, color, materials (mulch, stone, etc.):

All lots must have at least one (1) bush or tree per three (3) linear feet in all landscaping beds that do not contain other plantings. All trees must be a minimum of 2' caliper and must be on the Village of Frankfort's approved list of trees. All Sprinkler systems must include a backflow preventer (please list manufacture and model below).

- Work start date: _____
- Work completion date: _____

Deck, Pool, Fencing*, Sprinklers, Sports/Play Equipment, Satellite Dish, Mailbox, Windows/Doors, etc.:

- Attach survey of the property showing location and dimensions of the addition.
- Describe and attach photo of items including dimensions, color, materials.

- Work start date: _____
- Work completion date: _____

***Fences are not allowed unless an in-ground pool is constructed and it will only be allowed around the area of intended use. * The starting point of any swimming pool installation must start at the 10 foot measurement of the home's rear furthest bump out point. *Swimming pool approvals shall expire 9 months after dated letter, if construction hasn't started.**

APPROVALS ARE CONTINGENT UPON ADHERENCE TO PROJECT AS STATED

Approved: Approved w/ contingency: Not Approved:

Approved By: _____ Date: _____

Review Fee (\$): _____ Date Paid: _____ Check # or Money Order #: _____
