

HOLLOW DE ORO HOMEOWNERS ASSOCIATION ARCHITECTURAL REVIEW APPLICATION

PAGE 1 – HOMEOWNER CONTACT INFORMATION

Please provide all information.

NAME (please print) _____ EMAIL _____

SIGNATURE _____ DATE _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

(if different from above) Address/ Street

City /State

Zip

PHONE NUMBER _____ CELL # _____

BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS _____

PROPOSED START DATE _____ PROPOSED COMPLETION DATE _____

COLOR PHOTO DIAGRAMS OR SAMPLE OF MATERIALS TO BE USED MUST BE INCLUDED WITH YOUR APPLICATION

UPON PROJECT COMPLETION A PHOTO MUST BE SUBMITTED TO VERIFY COMPLIANCE WITH THE ARC DECISION

I (we) hereby request approval for the following home improvement. Attached are complete plans of the proposed improvement. NOTE: Plans should include adequate information to render a decision, including, but not limited to, site plan with set-back information, drawings, utility information drainage plan, as well as information regarding the type of materials to be used and exterior colors. An impact neighbor statement must also be attached.

CONTRACTOR: (Name, address, telephone & copy of contract and permit)

NOTE: YOU ARE RESPONSIBLE FOR ALL PERMITS AND ADHERENCE TO ALL MUNICIPALITY CODES AND SET-BACKS.

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

DATE REVIEWED: _____

ADDITIONAL INFORMATION REQUIRED: YES _____ NO _____

DATE ADDITIONAL REQUESTED: _____ APPROVED: YES _____ NO _____

ADDITIONAL COMMENTS/CONDITIONS

Approved By: _____ Date: _____

Submit to your HOA:

Send completed application to: Hollow De Oro Homeowners Association

5135 Camino Al Norte, Suite 100

N Las Vegas NV 89031

Phone (702) 362-0318 | Fax (702) 331-4188

cassie@pcam.vegas

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PAGE 2 – NEIGHBOR IMPACT FORM

NEIGHBOR AWARENESS SIGN-OFF FORM

NEIGHBOR AWARENESS: The neighbor's approval is not necessarily a condition to your improvement/modification being approved by the Architectural Committee. The intent is to advise your neighbors who own property within close proximity of your lot and may be affected by your proposed improvement(s) by requiring their signature below. Neighbor's signing below indicates their awareness of this application. No application will be considered complete until there is evidence that the immediate neighbors and any neighbor who may be affected have been made aware of this application.

LIST IMPROVEMENTS (Please Print):

NEIGHBORS AWARENESS SIGNATURES

Front Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Side Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Side Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Rear Facing Neighbor: Address: _____ Signature: _____

Comments: _____

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