

TWILIGHT HOA
5135 CAMINO AL NORTE STE: 210
North Las Vegas. NV 89031
(702) 362- 0318

ARCHITECTURAL CHANGE REQUEST FORM

ARCHITECTURAL REVIEW PROCEDURES

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Architectural Review Package & Instruction

1. Architectural Change Request form,
2. Indemnity Agreement,
3. Neighborhood Awareness Letter

Any and all exterior improvements to your property must be submitted to the Architectural Review Committee:

- 1) Please submit one (1) completed copy of the Architectural Change Request Form, Indemnity Agreement, Neighborhood Awareness Letter, and construction drawings to:

TWILIGHT HOA
C/o Performance CAM
5135 Camino Al Norte Ste: 210
North Las Vegas. NV 89031

Note that drawings should include location and screening of equipment, site plan, setbacks, materials and colors. Also include any information pertinent to the proposed improvements such as brochures, pictures, etc.

- 2) The Committee will meet and review your submission. We will send you a written notice of their approval or rejection within thirty (30) days.
- 3) Please retain any applicable permits as the committee may require it for an approval.

CONSTRUCTION CANNOT BEGIN UNTIL THE ARCHITECTURAL REVIEW COMMITTEE GIVES A WRITTEN APPROVAL OF PLANS.

Please ensure that all forms and plans are completed in full prior to submitting.

INCOMPLETE FORMS WILL BE RETURNED

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OWNER'S NAME: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #** _____

SITE ADDRESS IF DIFFERENT FROM ABOVE: _____

LOT#: _____ **COMMUNITY:** _____

TYPE OF PROPOSED CONSTRUCTION: _____

TO BE CONSTRUCTED BY: _____

ADDRESS: _____

CONTRACTOR'S LICENSE #: _____ **LIMIT:** _____

OWNER'S SIGNATURE: _____ **DATE:** _____

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FOR COMMITTEE USE

DATE APPLICATION RECEIVED: _____

DATE OF COMMITTEE MEETING: _____

APPROVED **REJECTED**

COMMENTS/CONDITIONS: _____

COMMITTEE MEMBERS SIGNATURE (2 Required)

Signature

Signature

Print Name

Print Name

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NEIGHBORHOOD AWARENESS LETTER

OWNER'S NAME: _____

ADDRESS: _____

SUB-DIVISION: _____ LOT #: _____

.....
NEIGHBOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER (S): _____

I AM AWARE OF MY NEIGHBOR'S PLANS AS PROPOSED

SIGNATURE: _____ DATE: _____

.....
NEIGHBOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER (S): _____

I AM AWARE OF MY NEIGHBOR'S PLANS AS PROPOSED

SIGNATURE: _____ DATE: _____

.....
NEIGHBOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER (S): _____

I AM AWARE OF MY NEIGHBOR'S PLANS AS PROPOSED

SIGNATURE: _____ DATE: _____
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INDEMNITY AGREEMENT

Homeowner (identified below) certify that he/she is the legal owner of the subject property located within **Twilight HOA**. Intends to commence construction of improvements (hereinafter the "improvements") set forth as attached hereto.

CONTRACTOR (identified below) has been hired by the Owner to conduct the improvements.

CONSTRUCTION of the improvements is subject to the Declaration of Covenants, Conditions, Restrictions for **Twilight HOA**, as well as certain Rules and Regulations, Design Guidelines and CC&R's.

THE ASSOCIATION and the ARC may (but are not obligated to) exercise supervisory responsibility with respect to ascertaining that Contractor's operation and improvements comply with Rules and Regulations, Design Guidelines and CC&R's.

CERTAIN INDEMNITIES are required of the Owner and Contractor, as follows, prior to commencement of construction of any improvements.

ACCORDINGLY, OWNER AND CONTRACTOR hereby agrees to construct the improvements in accordance with the Rules and Regulations, Design Guidelines and Declaration of Covenants, Conditions and Restrictions of **Twilight HOA ASSOCIATION**.

OWNER shall be responsible for the conduct of Contractors, its employees and agents within **Twilight HOA ASSOCIATION**. Owner and Contractor understand and agree that violations of the Rules and Regulations may be met with a warning, stop work order, lien assessments and or revocation of Contractors right to enter Twilight HOA Association property.

OWNER AND CONTRACTOR hereby indemnify **Twilight HOA ASSOCIATION** and the Architectural Review Committee, and agents thereof, and hold them harmless against and from any and all liabilities, claims, losses, damages and expenses connected with the improvements or construction of the improvements.

AGREED AND ACCEPTED this ____ day of _____, 20____.

"HOMEOWNER"

"CONTRACTOR"

Name(s)

Name(s)

Street Address

Street Address

City/State/Zip

City/State/Zip

Phone Number(s)

Phone Number(s)

Signature

Signature

Date: _____

Date: _____

INCOMPLETE FORMS WILL BE RETURNED