



Architectural Control Committee Application

The Architectural Control Committee (ACC) is charged with the responsibility of protecting the integrity of the Association in accordance with the provision of the Deed Restrictions. Before any structure, addition, improvement or alteration of any nature is erected on the exterior of any unit, the construction plans and specifications must be submitted in writing and approved by the ACC. In the event the Architectural Control Committee fails to indicate its approval or disapproval within forty-five (45) days after the receipt of the required documents, the request shall be deemed denied.

It is prudent to obtain ACC approval before scheduling your improvements and obtaining any city permits. If improvements are made and your application is denied, you will be asked to remove them immediately.

| Homeowner Information | |
|-----------------------------|------------------|
| Association Name: | |
| Owner's Name: | |
| Property Address: | |
| Phone Number: | |
| Email Address: | |
| Improvement Specifications | |
| 1. Type of Improvement: | |
| | |
| | |
| 2. Location of Improvement: | |
| | |
| | |
| 3. Materials Used: | |
| | |
| | |
| 4. Contractor Name: | Start Date: |
| Contractor Phone Number: | Completion Date: |

Improvement Specification Instructions: Use the space above to provide the following information. Attach additional pages where necessary.

- Type:** Sufficient detail should be provided to enable the Committee to clearly understand the nature of the improvement/alteration. Dimensions of the improvement/alteration should be included, along with any pictures or drawings, where applicable. The more detail that is provided, the sooner the design review can be completed and approval given.
- Location:** Include detailed information on the location, with dimensions, of the improvement/alteration in relation to existing structure(s). Include a site plan to show the orientation of the improvement/alteration with respect to streets, walks, easements, and any neighboring structures.
- Materials:** Include a list or description of the material to be used. Please include samples of materials and/or color swatches, where applicable.

4. **Contractor & Dates:** Include the name and phone number of the contractor to be used. If you are going to do the work yourself, include a description of your experience and/or credentials that qualify you to do the work. Include your estimated state date and completion date.

DISCLAIMER

The Association and its Architectural Control Committee specifically deny and disclaim any responsibility whatsoever relative to problems of any nature which may arise concerning the proposed improvement, including, but not limited to, problems with utilities, governmental agencies, individual property owners and possible problems relating to the quality of materials and craftsmanship.

By my signature, I hereby certify that the proposed construction modification is in full compliance with all setback restrictions or requirement for minimum distances from property lines applicable to the property referenced above, and I further certify that the proposed construction/modification will not encroach upon or interfere with any covenants or easements applicable to my property. I understand that the Architectural Control Committee is not waiving any setback restriction requirements for minimum distances from property lines, covenants, or easements applicable to my property. I will provide a copy of the completed Architectural Control Committee Application (if approved) to the person(s) or company(s) responsible for the construction of the improvement(s).

I agree that I will not assert or claim that approval of this application constitutes a waiver of such setback restrictions, required minimum distances from property lines, covenants or easements in any legal or equitable proceeding.

| | | |
|--------------------|--|-------|
| Owner's Signature: | | Date: |
|--------------------|--|-------|

| OFFICE USE ONLY | | |
|---|--|-------|
| Date Received from Owner: | | |
| Date sent to ACC: | | |
| Date received from ACC: | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved – With conditions listed below | |
| <input type="checkbox"/> Disapproved – See comments below | <input type="checkbox"/> Disapproved – Need more information | |
| | | |
| | | |
| | | |
| | | |
| ACC Signature: | | Date: |

| | |
|------------------------------|--|
| Date notice mailed to Owner: | |
| Genesis Signature: | |

Please email completed form to Receptionist@GenesisCommunity.com or mail/fax using the information listed below.