ARCHITECTURAL CHANGE REQUEST FORM

ARCHITECTURAL REVIEW PROCEDURES

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) <u>completed</u> copy of the Architectural Change Request Form, Indemnity Agreement, Neighborhood Awareness Letter, and construction drawings to:

> Stephanie 130 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 of the meeting.
- **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.

ARCHITECTURAL CHANGE REQUEST FORM

MAILING ADDRESS:	
HOME PHONE #:	WORK PHONE #
SITE ADDRESS IF DIFFERENT FROM A	BOVE:
LOT#: COMMUNITY:	
TYPE OF PROPOSED CONSTRUCTION:	
ADDRESS:	
CONTRACTOR'S LICENSE #:	LIMIT:
OWNER'S SIGNATURE:	DATE:
FOR C	COMMITTEE USE
DATE APPLICATION RECEIVED:	
DATE OF COMMITTEE MEETING: () APPROVED () REJECTEI	
DATE OF COMMITTEE MEETING: () APPROVED () REJECTEI)
DATE OF COMMITTEE MEETING: () APPROVED () REJECTEI)
DATE OF COMMITTEE MEETING: () APPROVED () REJECTEI COMMENTS/CONDITIONS:)

ARCHITECTURAL CHANGE REQUEST FORM

NEIGHBORHOOD AWARENESS LETTER

OWNER'S NAME:		
ADDRESS:		
SUB-DIVISION:	LOT #:	
NEIGHBOR'S NAME:		
ADDRESS:		
PHONE NUMBER (S):		
I AM AWARE OF MY NEIGHBO	R'S PLANS AS PROPOSED	
SIGNATURE:	DATE:	
NEIGHBOR'S NAME:		
ADDRESS:		
PHONE NUMBER (S):		
I AM AWARE OF MY NEIGHBO	R'S PLANS AS PROPOSED	
SIGNATURE:	DATE:	
NEIGHBOR'S NAME:		
ADDRESS:		
PHONE NUMBER (S):		
I AM AWARE OF MY NEIGHBO	R'S PLANS AS PROPOSED	
SIGNATURE:	DATE:	

Indemnity Agreement

ARCHITECTURAL CHANGE REQUEST FORM

Homeowner (identified below) certify that he/she is the legal owner of the subject property located within **Stephanie 130 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 **STEPHANIE 130 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 **STEPHANIE 130 HOA ASSOCIATION.**

OWNER shall be responsible for the conduct of Contractors, its employees and agents within **STEPHANIE 130 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 Stephanie 130 HOA Association property.

OWNER AND CONTRACTOR hereby indemnify **STEPHANIE 130 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.

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"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:

dav of

AGREED AND ACCEPTED this