

SECTION VI – ARCHITECTURAL REVIEW APPLICATION INSTRUCTIONS & FORMS

P. Architectural Review Application, Open Space Addendum, and Duplex/Quadruplex Addendum

P.1. COMPLETING THE ARCHITECTURAL REVIEW APPLICATION

ITEM #	ITEM	INFORMATION REQUIRED
1	Owner's Name	Enter the name of the owner of the property (non-residential may be primary leasee or operating principal (public/non-profit).
2	Email Address	Write the primary email address of the property owners.
3	Address	Write the full street address of the property.
4	Phone Numbers	Write the property owner's primary phone number.
5	Summary	In six (6) or fewer words, state the change(s) to your property. <i>Examples: siding and roof; build a deck; install a swing set; add a new family room; replace the windows; etc.</i>
6	Location of Proposed Change	Mark one box as applicable from the following options: <input checked="" type="checkbox"/> Front of house <input checked="" type="checkbox"/> Back of house <input checked="" type="checkbox"/> Side of house <input checked="" type="checkbox"/> Front yard <input checked="" type="checkbox"/> Back yard <input checked="" type="checkbox"/> Side yard <input checked="" type="checkbox"/> Other:
7	Property Type	Mark one box as applicable from the following options: <input checked="" type="checkbox"/> <u>Single Family</u> : not connected to other homes. <input checked="" type="checkbox"/> <u>Duplex</u> : (2) homes are connected by one common wall. <input checked="" type="checkbox"/> <u>Townhome</u> : connected to a row of other homes (see drawing in N.6). <input checked="" type="checkbox"/> <u>Quad</u> : (4) homes are configured in a square. <input checked="" type="checkbox"/> <u>Non-residential: with a property that the primary purpose is not living space (e.g. commercial)</u> <input checked="" type="checkbox"/> <u>Condominium</u> <input checked="" type="checkbox"/> <u>Other</u> :
8	Description of Proposed Change	Write a detailed description of the proposed modification(s), to include materials, styles, dimensions, colors and any other relevant information. Attach additional sheet if needed.
9	Description of Current Condition	Write a detailed description of the current condition of the proposed area or element for proposed modification(s), to include materials, styles, dimensions, colors and any other relevant information. Attach additional sheet if needed.
10	Photos	Include photos of the proposed location and of the dwelling.
11	Physical Sample(s)	REQUIRED for any material replacement, such as roof shingles, siding and trim, or color change, such as paints and stains.
12	Plan Drawings	REQUIRED for any major modification, including additions, decks, fences, porches, sheds, etc. <input checked="" type="checkbox"/> Mark the box next to the types of plan drawings that are being included in your application: front/back elevations or side elevations
13	Landscaping and Drainage	<input checked="" type="checkbox"/> Mark the box next to YES if the change to your property includes landscaping or drainage and include the details in #9. <input checked="" type="checkbox"/> Mark the box next to NO if no changes are anticipated.
13	Plat	REQUIRED to show location of proposed modifications. Map / survey that identifies your property lines, most often found in the documents at settlement.
14	Product Pictures and Literature	REQUIRED for any modification. <input checked="" type="checkbox"/> Mark the box next to pictures and/or manufacturer's literature when examples are submitted.

15	Neighbors Most Adjacent (Residential applications only)	(a) Have two (2) residents of properties adjacent to your property write their names. Adjacent properties are considered those that share a lot line with your property. In situations where two signatures cannot be obtained due to unavailable residents, signatures from residents at neighboring properties will be accepted at the discretion of the Community Services Coordinator - ARB. (b) Have the neighbors write their street address. (c) Have the neighbors sign their names acknowledging awareness of the proposed modification. Submit an additional sheet attached to the application if additional signatures are required.
16	Certification	Read all the statements listed. Sign and date application.

P.2. COMPLETING THE OPEN SPACE ADDENDUM

ITEM #	ITEM	INFORMATION REQUIRED
17	Cluster Name / Cluster Chair (POC)	Enter the name of the Cluster and the Cluster Chair or the Person of Contact for the application.
18	Phone Number / Email	Write the daytime phone number and email address.
19	Location of Proposed change	Mark one box as applicable from the following options: <input checked="" type="checkbox"/> Cluster Open Space <input checked="" type="checkbox"/> Conservancy Open Space
20	Funding Source Funding Approval	Mark one box as applicable from the following options: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mark one box as applicable from the following options: <input checked="" type="checkbox"/> Cluster <input checked="" type="checkbox"/> Trustee <input checked="" type="checkbox"/> BOT
21	Long Term Maintenance	Mark one box as applicable from the following options: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Write the name the funding source: List the maintenance requirements and the responsible entity.
22	Cluster Recommendation	List the number of Cluster Votes: _____ Yes Votes _____ No Votes Date of Cluster Meeting: <u>Month/Day/Year</u>
23	Other Acknowledgments	a) Name of Neighborhood and Date of Neighborhood Council Meeting the application was discussed. b) Acknowledgment Signature of Neighborhood Trustee c) Write the name of the Most affected clusters/homeowners in the area and have them sign their name.
24	Certification	Read all the statements listed. Sign and date application.