SERENADE ARCHITECTURAL REVIEW FORM

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How Can We Contact You? <i>Print</i>		Please
Name	Phone	
Address	Fax	
Lot Number	Email	

Tell Us Ab

I am requesting architectural approval for the following (check all that apply):					
🗖 Basketball Goal	Deck/ Patio	□ Fence	Flag Pole		
🗖 Hot Tub	Landscaping	Play Set	Room Addition		
Satellite Dish	Screened Porch	Shade Trellis	Swimming Pool		
□ Other (describe):					

Briefly Describe The Proposed Change

Location:

Dimensions:

Would any part of the proposed change extend into any Utility, Drainage, or Sewer Easement,

Please List Below The Major Construction Materials That Will Be Used

Be as specific as possible:

Please Note:

- Exterior materials must conform to or be sufficiently compatible with the original construction.
- Requests for exterior color/materials changes MUST include samples of color, stain, paint, brick, etc.
- All submitted materials will be retained by the Association. You may wish to make a • copy for your personal records prior to submitting this form.

What Is Your Schedule For The Project?

The work will be performed by (check all that apply):

- □ Homeowner
- Contractor Company Name:

After Board approval, please indicate the projected start date: _____

Please indicate all required permits (building, etc.):

Submittal Checklist

For ALL submissions, the following items are required. In order to provide a quick response to you, please make sure to submit all of items.

- □ Architectural Review Form. This form.
- □ Plot Plan for your lot. The builder at closing furnished you with a plot plan for your lot. On a copy, please draw the proposed changes in the location where they will be built.
- Elevations and blueprints or working drawings indicating all dimensions.
- □ If available, a photograph or drawing of a similar completed project.

Sign Here

I hereby acknowledge that I have read and understand the Design Guidelines set forth by the Board and in the Declaration of Covenants, Conditions, and Restrictions.

Homeowner's Signature:	Date:

Send Your Complete Application to:

Serenade Homeowners Association Architectural Review Board 645 W Carmel Dr, Suite 130 Carmel, IN 46032

For Office Use Only	<i>y</i>
Date initial application was received: Date complete application was received:	Complete? 🛛 Yes 🗖 No
First request for additional information: Second request for additional information:	Submitted on: Submitted on:
 Architectural Review Board Action Approved as submitted. Approved with conditions noted below. Disapproved. ARB Comments below. 	
ARB Signature:	Date: