NATCHEZ TRACE HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW BOARD

APPLICATION FOR IMPROVEMENTS

Property Owner: _____ Phone No.: _____

Property Address: _____, or Unit No.: _____

Property Owner Email Address: _____

Proposed Improvements including Materials:

_____

_____

_____

_____

_____

Corner Lot: ___ Yes ___ No (Corner Lot meaning a lot situated at the intersection of two streets)

Dimensions: _____ (if applicable)   Color: _____ (if applicable)

Contractor's Name: _____

In addition to this application, please attach the following information:
- a drawing of your property showing the location of existing and proposed improvements
- architectural drawing and/or pictures of the proposed improvements
- description and samples of materials
- any other information that you feel is pertinent for the ARB to render a decision

IMPORTANT NOTICE

THE APPROVAL OF THIS APPLICATION IN NO WAY IS A SUBSTITUTE FOR APPROVALS THAT MAY BE REQUIRED BY GOVERNMENTAL AGENCIES OR REGULATIONS, NOR IS IT A CERTIFICATION THAT THE IMPROVEMENT IS IN ACCORDANCE WITH SOUND BUILDING PRACTICES OR DESIGN.

NEITHER DECLARANT, THE ASSOCIATION, THE HOA BOARD MEMBERS, THE ARB MEMBERS, NOR THE OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES AND AGENTS OF ANY OF THEM SHALL BE LIABLE FOR DAMAGES TO ANYONE SUBMITTING PLANS AND SPECIFICATIONS TO ANY OF THEM FOR APPROVAL, OR TO ANY OWNER OF PROPERTY AFFECTED BY THE DECLARATION BY REASON OF MISTAKE IN JUDGEMENT, NEGLIGENCE OR NON-FEASANCE ARISING OUT OF OR IN CONNECTION WITH THE APPROVAL OR DISAPPROVAL OR FAILURE TO APPROVE OR DISAPPROVE ANY SUCH PLANS OR SPECIFICATIONS; NOR SHALL ANY OF THEM ASSUME LIABILITY OR RESPONSIBILITY FOR ANY DEFECT IN ANY STRUCTURE CONSTRUCTED FROM ANY SUCH PLANS AND SPECIFICATIONS.

(application continued)

NATCHEZ TRACE HOMEOWNERS ASSOCIATION

By signing below, the Owner(s) acknowledges that they have read this application in its entirety and that the information provided is true and correct.

_____   _____
Signature   Signature

Date Submitted: _____

Please submit the complete application to the address shown below.

FOR OFFICE USE ONLY

Date Received: _____   Date Action Was Taken: _____

APPROVED: (   ) YES   (   ) NO

COMMENTS IF ANY:

_____

_____

_____

_____

_____

_____

_____