

POPLAR GROVE ON PITTS LANE HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW COMMITTEE

The Committee has 30 days from the date received or from the day all information needed to make a decision is received to approve or deny the request. If no decision is made within 30 days, the application will be considered approved. However, any application in direct violation of the CC&R's will not be considered approved if no action is taken.

APPLICATION FOR IMPROVEMENTS

Property Owner: _____ Phone No.: _____

Property Address: _____, or Lot No.: _____

Email Address: _____

Proposed Improvements including Materials:

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 ARC 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 ARC 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 THIS 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.

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(application continued)

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:
