

Date received \_\_\_\_\_ Date returned \_\_\_\_\_

**ARCHITECTURAL REVIEW COMMITTEE APPLICATION**

This request form to be completed by the homeowner and submitted to the ARC for approval BEFORE any work commences. Please refer to your Declaration of Covenants, Conditions and Restrictions for a description of the ARC and its purpose.

**THIS SECTION TO BE COMPLETED BY HOMEOWNER  
(if Tenant submits application-Homeowner approval must be verified)**

**ASSOCIATION :** CHECK ONE:  **Stoneybrook Estates (SFH)**  **Stoneybrook Villas I**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

DESCRIBE THE CHANGE / ADDITIONAL/INSTALLATION: (i.e. repaint exterior, screen enclosure, pool, landscape change, driveway change, gutters, storm shutters, etc.)

LOCATION: (attach a copy of a survey map, site plan with a suitable diagram showing where the addition is located.)

SPECIFICATIONS: (attach copies of plans, estimates or pictures, paint color samples, landscaping for Pools)

Dimensions: \_\_\_\_\_

Materials: \_\_\_\_\_

Color(s): \_\_\_\_\_

**Note: All requests must conform to all local Zoning and Building Regulations and you must obtain all necessary permits if the ARC approves your request. Such approval will be for one (1) year from the date of issue for the project to commence. Failure for the project to commence within the one (1) year time period will require the application to be re-submitted to the ARC for approval before the project can commence.**

**Stoneybrook Villas I Residents: Architectural Requests Must Be Reviewed by Stoneybrook Villas I HOA prior to being submitted to the Stoneybrook at Gateway Master Association.**

Stoneybrook Villas I has reviewed your request and has \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved.

Signature: \_\_\_\_\_ (Director or CAM) Date: \_\_\_\_\_

**This Section to be completed by the Master Board Architectural Review Committee**

REQUEST: Date Approved: \_\_\_\_\_ Date Not Approved: \_\_\_\_\_

ARC Chairperson Signature: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ Agreed \_\_\_\_\_ Opposed

**This Section to be completed by the Master Board after review at Master Board Meeting**

REQUEST: Date Approved: \_\_\_\_\_ Date Not Approved: \_\_\_\_\_

Master Board Member Signature: \_\_\_\_\_ Title: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ Agreed \_\_\_\_\_ Opposed