



Architectural Committee

ARCHITECTURAL REVIEW APPLICATION

1. NAME: (Please Type or Print) _____
2. ADDRESS OF PROPOSED CHANGE: _____
3. HOME TELEPHONE: _____
4. MOBILE TELEPHONE: _____
5. E-MAIL ADDRESS: _____
6. GENERAL DESCRIPTION OF PROPOSED CHANGE: Provide a description of the proposed change, including the purpose or reason for the change, the color and type of materials to be used, location on the property, any other pertinent information required to evaluate the proposed change.
7. ESTIMATED STARTING DATE OF CONSTRUCTION: _____
8. ESTIMATED COMPLETION DATE: _____
9. Owner acknowledges that he/she is familiar with the architectural review requirements and procedures for the Citadel Homeowners Association.
10. Owner understands that the authority to perform an alteration granted by this application will automatically expire if the work is not commenced within six (6) months following approval. Moreover, Owner(s) agree to honor any deadlines established by Committee for the completion of the proposed improvements referenced therein.
11. Owner agrees to store construction materials only on his/her property, rather than on common areas, easements or parking areas, to bear the cost of repairing any damage caused in such areas, and to remove all unused materials from public within seven (7) days following the completion of the work whole or part. Further, owner understands that any legal expense associated therewith may be the responsibility of Owner(s).
12. Owner agrees to give the Architectural Committee, its designee and/or Managing Agent, express permission to enter the Owner's property at a reasonable time to inspect the proposed project. The project in progress and the completed project.
13. Owner understands that any approval is contingent upon the completion of alterations in a workmanlike manner and in accordance with the approved plan and specifications for said alterations.

Owner's Signature & Date: _____

Owner's Signature & Date: _____

(Owners include ALL persons listed as owners of the property)

DATE RECEIVED BY ARCHITECTURAL REVIEW COMMITTEE: _____

APPLICATION REVIEW RESULTS

Action Taken (check one):

Approved Not Approved Approve as Noted Additional Information Required

Minimum of two (2) Architectural Committee members required unless otherwise allowed by published policy

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____

Construction Review required: _____ Certificate of Compliance required: _____ (check applicable)

Comments and Requirements as Noted for Approval

Copy of building Permit Required Copy of Pool Safety Act Affirmation Required

Copy of Land Survey Required Color Chips or Color Sample Required

APPLICATION SUBMITTAL

- **Please Mail or Deliver two (2) copies of the application and supporting documents to the Architectural Review Committee.**
- **DO NOT INCLUDE ORIGINALS AS THEY WILL NOT BE RETURNED. All pages must be legible copies. Faxes are not acceptable.**
- **Page One and Two of the application must be submitted for Review and Approval.**