

- ✓Dimensions (height, width, length)
- ✓Plat Map / Drawing(s)
- ✓Plant type and location
- ✓Type of material
- ✓ Photographs of sample elevations for a visual picture or the proposed project

Company /Person doing installation/work: _____

Reminder Note: The Architectural Committee currently meets once a month on the third Thursday. All design review applications received between meetings will not be considered until the next meeting of the Architectural Committee. Requests for additional information (samples, paint color, landscape design, and plant placement, etc.) will delay approval.

All work on an “approved” design, including requests to change the original design, must begin within 90 days from the date of approval. After 90 days, the design review application must be resubmitted.

Approval time may take no longer than 45 days following the receipt of a completed Architectural application for design review.

Desired Start Date: _____ Expected Completion Date: _____

Please notify me by Phone Email if you have any questions. I understand that should the application not be complete; the Architectural Committee will disapprove the application and return it to me with a statement of disapproval. I agree to comply with all applicable City, County, and State codes and to obtain all necessary permits. This application and the drawing samples and/or photos will be retained for the Association’s records.

Homeowner's Signature: _____ Date: _____

POINTE COMMUNITY ASSOCIATION APPLICATION FOR DESIGN REVIEW

NEIGHBORING PROPERTY

If a neighbor's view is impacted by CHANGES, include approval signatures of neighbors.

Print Name

Signature

Phone

Date

Print Name

Signature

Phone

Date

Print Name

Signature

Phone

Date

Print Name

Signature

Phone

Date

POINTE COMMUNITY ASSOCIATION APPLICATION FOR DESIGN REVIEW

Homeowner's Name: _____ Lot: _____

FOR ASSOCIATION USE ONLY

Pointe Community Association Board of Directors or Appointed Committee

Approves the above application

Approves the above application with the following conditions:

Disapproves the above application for the following reason(s):

ACC Committee Member Signatures:

Chair: _____

Date: _____

Member _____

Date: _____

Member: _____

Date: _____

Member _____

Date: _____

Member _____

Date: _____