

ARCHITECTURAL REVIEW BOARD

REQUEST FOR HOME IMPROVEMENT

Please complete this form along with two (2) copies of your proposed home improvement plans and place in the ARB box in the Clubhouse. **NOTE:** All plans must be no larger than 11" x 17".

Date: _____ Phone _____

Name: _____

Address: _____

PLEASE INCLUDE THE FOLLOWING:

1. Description of improvement.
2. Complete dimensions of improvement.
3. Description of material and color (supply examples if possible)

Estimated starting date: _____ Estimated completion date: _____

NOTE: APPROVED PERMITS ARE VALID FOR ONE YEAR FROM DATE OF APPROVAL.

Original paperwork will be maintained on-file with the Rainbow Bend Homeowners Association.

Describe the improvement you wish to do on your home or yard:

The above information and any attachments shall be submitted to the ARB for approval. Your request **must comply** with the CC&Rs and the Rules and Regulations. If your request does not comply with these governing documents **it will be denied**. If a request is denied you may appeal to the HOA Board.

Approved / Denied _____ Date: _____

Approved / Denied _____ Date: _____

Approved / Denied _____ Date: _____

John Miller 775-342-6403 Phil Locke 657-6547 Mike Hadwick 772-3088

The ARB meets every 1st and 3rd Wednesday at 6 p.m. in the Library.