

Application For Exterior House Painting - Color Change
(Attach To Design Review Application)

DO NOT BEGIN WORK UNTIL APPLICATION APPROVED BY ARB

Name: _____ Block: _____ Lot: _____

Street Address: _____

Phone Numbers: Day _____ Evening _____

E-mail: _____

INDICATE Paint Color For Each Item. If NOT applicable write "N/A"

| COMPONENT | COLOR |
|-------------------------------------|-------|
| Exterior Walls | |
| Trim Band Top/Middle/Bottom/Columns | |
| Trim Band Windows | |
| Front Door | |
| Garage Door | |
| Other Exterior Doors | |
| Shutters | |
| Facia | |
| Soffit | |

ATTACH PAINT COLOR SAMPLES/SWATCHES FOR EACH COLOR SHOWN ABOVE

Homeowner(s) Signature: _____ X

ARB has up to 30 days to take action on your application
Work Must be completed 12 months from ARB approval or Re- Approval Required

| | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Partial Approval | <input type="checkbox"/> Conditional Approval | <input type="checkbox"/> Not Approved |
| Comments: _____ | | | |
| Painting Approval (must be signed by at least two ARB members) | | | |
| _____ ARB Member | _____ ARB Member | | |
| _____ ARB Member | Date: _____ | | |
| Please notify the Management Company when work is completed for final inspection | | | |