

## Application For Storage Shed Construction

*(Attach To Design Review Application)*

**DO NOT BEGIN WORK UNTIL APPLICATION APPROVED BY ARB**

Name: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

e-mail: \_\_\_\_\_

Check all that apply:

<input type="checkbox"/> Shed does not exceed 12 feet by 20 feet <input type="checkbox"/> Shed height is 13 feet or less at the highest point.	<input type="checkbox"/> Exterior walls are hardi-board sheathing stucco pattern <input type="checkbox"/> Exterior walls are stucco
<input type="checkbox"/> Roof material and color same as house.	<input type="checkbox"/> Exterior color scheme same as house.
Door Location: <input type="checkbox"/> Front Wall <input type="checkbox"/> Side Wall  Door Type: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Garage	Window(s): <input checked="" type="checkbox"/> Side walls <input checked="" type="checkbox"/> Rear wall  <input checked="" type="checkbox"/> Front wall

Attach the Following:

- A picture and/or detailed sketch depicting what the storage shed will look like. The architectural design of the shed should be compatible with the design of the house.
- A lot drawing showing: (1) all boundaries and streets that intersect your lot; (2) Where you intend to install the storage shed with distances from the side and rear lot lines. Sheds must be placed behind the rear of the house and at least 8 feet from any property line. For corner lots they must be a minimum of 22 feet from the back of curb; (3) The location of any mature trees (those 8 in. diameter 2 ft. from the ground)

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: _____			

Storage Shed 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**