## SUBMISSION OF PLANS TO ARCHITECTURAL REVIEW COMMITTEE CASCADE OVERLOOK HOMEOWNERS ASSOCIATION

NAME			
ADDRESS			
CITY	STATE	ZIP	
DATE SUBMITTED	HOME PH:	WORK PH:	
Please describe below the changes you and designs. Property Plat MUST be		, including location, dimensions, material	ls,
PLEASE NOTE COLOR CHAN	GES FROM ORIGINAL DESIC	<u>GN (</u> describe):	
PROPOSED COMPLETION DA	TE OF PROJECT:		
Please attach a detailed sketch or blu	<del></del>	ch the committee may keep for their	_

records. Also include appropriate copy of county building permit.

## OWNER'S ACKNOWLEDGMENTS

1.	<u>I understand</u> that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions or building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said			
	restriction.	Initial(s)		
2.	that no work on this request shall commence until written approval of the Architectural Review Committee has been received by me.	Initial(s)		
3.	that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that, if alternations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part; and, that I may be required to pay all legal expenses incurred.	Initial(a)		
		Initial(s)		
4.	that any approval is contingent upon construction or alterations being completed in a workmanlike manner.	Initial(s)		
5.	1			
	inspection.	Initial(s)		
6.	that a copy of this application will be returned to me after review by the Architectural Review Committee.	Initial(s)		
7.	that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.	Initial(s)		
8.	that the alteration authority granted by this application will be revoked automatically if the alterations requested have not commenced within 180 days of the approved date of this application and/or completed by the date specified by the panel.	Initial(s)		
9.	9 that all proposed improvements must meet county codes. My signature indicates that these standards are met to the best of my knowledge. I understand that application for a county building permit is my responsibility.			
10		Initial(s)		
10.	that any variation from the original application must be resubmitted for approval.	Initial(s)		
Owner	Applicant SignatureDate			
Co-Ow	rner/Applicant SignatureDate			
Attachı	ments: (1) Sketch, photo, catalog illustrations, etc. (2) Survey marked with change being requested.			
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THIS APPLICATION IS NOT AUTHORIZED UNTIL APPROVED BY THE ARCHITECTURAL REVIEW COMMITTEE.

Please return this completed form to:

ARC@CASCADEOVERLOOK.COM