

**EMERALD GLEN 1<sup>ST</sup>, 4<sup>TH</sup>, & 5<sup>TH</sup> SUBASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE  
PROJECT REVIEW AND APPROVAL FORM**

**NOTE: Project must be completed within one year of Board approval, and upon completion, homeowner must notify Architectural Control of completion. Architectural Control will then inspect and approve or disapprove the work within 45 days and notify the homeowner of the Committee's acceptance or rejection of the work.**

Date of application \_\_\_\_\_

Homeowner name \_\_\_\_\_

Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

1. Brief project description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your project require a municipal building permit?                      Yes                      No
3. Does your project require a change in zoning?                                      Yes                      No

**NOTE: It is the responsibility of the homeowner to ensure that the project meets local building and zoning codes. Architectural Control approval does not indicate compliance with local building and zoning codes.**

4. Adjoining neighbor acknowledgment is required. You are requested to obtain signatures of the (4) four property owners who will be most affected by the proposed change. **Signature by your neighbors indicates awareness of your proposed change and does not necessarily constitute approval or disapproval on their part.**

Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Property owners that object to the proposed change should independently contact the Architectural Review Committee in writing with the specific reasons for their objection.

5. Attach survey map of your property, drawings of your proposed project, a materials list and color scheme samples.

**EMERALD GLEN 1<sup>ST</sup> 4<sup>TH</sup>, & 5<sup>TH</sup> SUBASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE  
PROJECT REVIEW AND APPROVAL FORM**

Date of Architectural Control receipt \_\_\_\_\_

Homeowner name \_\_\_\_\_

Address \_\_\_\_\_

Your application for \_\_\_\_\_  
has been

Approved

\_\_\_\_\_  
Architectural Control Chairperson Date

\_\_\_\_\_  
Board officer signature Date

Disapproved for the following reasons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notify the Architectural Control Committee once you have made the necessary remedies.

**SECOND REVIEW**

Approved

\_\_\_\_\_  
Architectural Control Chairperson Date

\_\_\_\_\_  
Board officer signature Date

Disapproved for the following reasons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notify the Architectural Control Committee once you have made the necessary remedies.