

SUPERIOR COMMUNITY MANAGEMENT

Architectural Review Application Form
c/o Superior Community Management
P. O. Box 4585 Tualatin, Oregon 97062
Tel: (503) 684-1832; Fax: (503) 684-1834
Email: info@superiorcommunity.com

Association Name: _____

Date Submitted: _____

Applicant Name: _____

Address: _____

Lot/Unit #: _____ **Day Phone:** _____ **Fax:** _____

Email: _____

Owner Approval:

Owners must sign off on ARC if the home/unit is rented: _____ **Date:** _____

Check Box for Modification Type: Construction Landscape Painting Other:

Estimated Start Date: ____/____/____ **Completion Date:** ____/____/____

Modification Information:

MANAGEMENT MUST HAVE COPIES OF ALL REQUIRED PERMITS ON FILE PRIOR TO STARTING ANY PROJECT.

- Please include along with this application, a simple foot print drawing of where the work will be located on your lot/unit in relation to your lot lines and home. If you plan to build any structures, please list the types of materials you plan to use, as well as the finish colors to be applied, and show the design of the structure.
- Note, all construction and installation of any improvements shall comply with local, state and federal building and land use regulations. Compliance with these regulations is the responsibility of the homeowner. This review and approval is not a review, nor an approval, for compliance with any local, state, or federal building or land use regulations.
- Building, electrical or plumbing permits may be required. The determination of the necessity of any permits is the responsibility of the homeowner. Obtaining any necessary permits is the responsibility of the homeowner.
- Changes to the proposed plan necessitated by permits or compliance with local, state, or federal building or land use laws are subject to additional review by the Architectural Review Committee (ARC).

Please submit this application to Superior Community Management prior to beginning your project. The Architectural Committee will review your application quickly so as not to impede the completion of your project. YOUR PROJECT CANNOT BEGIN UNTIL YOU RECEIVE WRITTEN CONFIRMATION OF APPROVAL.

****INTERNAL USE ONLY****

Architectural Review Decision

Approved Approved with/Conditions Disapproved

Comments or Conditions to Approval:

Approval Signature: _____

Date: _____

Your application will be processed in a timely manner