

SILVERADO WEST HOMEOWNERS ASSOCIATION

c/o RealManage
9601 Amberglen Boulevard, Suite 150, Austin, Texas 78729
Phone: (866) 473-2573 Fax: (866)919-5696
SILWESCP@Ciramail.com

ARCHITECTURAL REVIEW COMMITTEE APPROVAL APPLICATION

Applicant Name: _____ Hm Ph: _____

Address: _____ Wk Ph: _____

Email: _____ Cell Ph: _____

1. Approval Requested (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Fence Replacement (Exact) | <input type="checkbox"/> Landscape, Walkways, Beds |
| <input type="checkbox"/> Fence - NEW | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Deck or Patio | <input type="checkbox"/> Pool or Spa |
| <input type="checkbox"/> Room/Garage Addition | <input type="checkbox"/> Playscape |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Satellite Dish |

2. Please Describe Project - Attached additional pages, if necessary

3. Provide plans and specifications to depict the work to be undertaken (Submit all, as applicable):

- A plot plan showing the location and dimensions of the existing and proposed improvements; Plans & specs; footprint of location on property survey; copy of contractor proposal, if applicable
- Structural design, exterior elevations, exterior materials, colors, textures, and shapes of all improvements to be made
- All exterior illumination including location and method of illumination - No "wash over" of lighting to adjoining property or common areas is permitted
- Existing and finished grades at lot corners and at corners of proposed improvements
- Provision for drainage with cut and fill detail if change in lot contour is involved

4. Notification of Neighbors - Attach additional page, if necessary

Initials of Neighbors Address of Neighbors w/in line of sight of modification

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Neighbors should be notified of your application; however, this notification does not constitute approval by the neighbor. Nor does the lack of initials by a neighbor mean that this application will be denied. Approvals are only granted by the ARC but notification of the neighbors is encouraged and will assist and possibly accelerate the review process.

5. Notice to Applicant:

The authority of the Architectural Review Committee ("ARC") is derived from Article 5 of the Declaration of Covenants, Conditions and Restrictions ("CCRs").

IMPORTANT: No work should be commenced until written approval is received from the ARC.

Applicant acknowledges that all improvements must be constructed in accordance with the design guidelines contained in the CCRs in addition to any guidelines or rules adopted by the Association or ARC from time to time. All improvements must be constructed in accordance with the laws, rules, regulations, and building codes of governmental authorities having jurisdiction. Approval of this application does not constitute approval by any governmental authority, nor does it constitute a building permit.

Further, any such approval is for architectural compatibility and CCR compliance only, and neither the ARC or Board of Directors of Silverado West Homeowners Association, Inc. accept any liability for design, structural integrity, encroachment onto any building line or existing easement, or any adverse impact to adjacent properties.

Approval of this application does not give Applicant the right to enter upon the property of any other owner or the common area in order to perform the construction contemplated by this application.

Applicant certifies that the information contained herein is true and correct to the best knowledge and belief of Applicant.

Applicant Signature Date

SUBMIT THIS APPLICATION TO:
Silverado West HOA
c/o RealManage
9601 Amberglen Blvd., Suite
150 Austin, Texas 78729
Fax: 866-919-5696 or email to:
SILWESCP@Ciramail.com
The application will be routed to the
The Silverado West HOA Architectural Review Committee for consideration
Please allow up to 30 days for processing applications. If you are not contacted within 5 working days from submittal, an email follow-up to the property manager is recommended.

For ARC Use Only - _____
Signed _____ Print Name _____

_____ Application Approved – Date: _____

_____ Application Approved with the following conditions: Date: _____

_____ Application Disapproved at this time with the following comments: Date: _____
