Architectural Review Board Form

Instruction for Architectural Review

- 1. The Architectural Review Board (ARB) request form must be completed and approved before any work commences on the property requiring ARB approval.
- 2. The form must be completed in its entirety by the owner of the property. In its entirety means the following information must be included when applicable: description of change, dimensions, materials to be used, color, height, etc.
- 3. When applicable, a copy of the plat map for the property indicating the location of the change is also necessary.
- 4. The Architectural Review Board Request must then be provided to an HOA board member named below, emailed to SomersetBlueSprings@gmail.com <u>or</u> mailed to the Home Owners Association:

ARB Board Member	Address	Phone	Email
Michael Foster	3515 SW Meyer Blvd	(678) 458-2208	Michaelrfosterjr@gmail.com
Amanda Anderson	1503 SW Meyer Blvd	(816) 809-4414	adebrot@me.com
Dave Hahn	1903 SW Meyer Blvd	(913) 608-4246	dave@hahn.me

Somerset Estates Home Owners Association P.O. Box 1964 Blue Springs, MO 64013-1964

- 5. The ARB will review the request and ensure that the request has been filled out properly.
- 6. Once the ARB receives the request they will contact the owner if necessary to set up an appointment to review the proposal.
- 7. The ARB will then make a decision based on the Home Owners Association Covenants and Restrictions which govern the association.
- 8. Once approved or denied, the ARB will notify the owner through written correspondence of the ARB's decision.
- 9. The entire approval procedure may take 2-3 weeks to complete, therefore please plan accordingly.

Request for Architectural Review Board Approval

The request form is to be completed by the homeowner and submitted to the Architectural Review Board (ARB) for approval before any work commences. If you have any questions concerning this application, please refer to your Declaration of Covenants and Restrictions or contact the ARB.

NOTE: All requests must conform to the local zoning and building regulations and you must obtain all necessary permits if your request is approved by the ARB. This request is valid for 90 days from point of acceptance.

TO BE COMPLETED BY OWNER			
NAME:			
ADDRESS:			
PHONE:			
Describe the change (i.e. porch, enclosure, etc.)			
Location: (Attach a copy of plan showing location of addition)			
Specifications: (Attach copy of plans and describe the following)			
Dimensions:			
Materials:			
Color:			
Liability: I take full responsibility and am personally liable for any damage that might occur to the property and community during the completion of this project.			
Signature: Date:			
TO BE COMPLETED BY ARCHITECTURAL REVIEW BOARD			
Reviewed By: Date: Approved / Denied			
Comments:			