

Providence Property Owners Association

Architectural Review Application

Email Application To: providencearc51@gmail.com OR specialtymanagement@comcast

*Name _____ *Phone _____

*Address _____

*Email Address _____

****APPROVED APPLICATION REQUIRED BEFORE PROJECT BEGINS****

1. *Copies of applications are provided to the Association, Homeowner and Management Company.*
2. *Site plans are required for all work submitted.*
3. *The Architectural Control Board generally meets once a month. Please plan ahead, as the approval process can take up to 30 days. However, usually 48 hours or less.*
4. *Please check with Madison County to see if a Building Permit is required for your project.*

ALL PAINT - STAIN MUST BE IDENTIFIED BY COLOR NUMBER and MANUFACTURER OR PHOTO

Additions:

_____ Room Addition
_____ Fence/Patio/Deck
_____ Screened Porch
_____ Garage Expansion
_____ Driveway Improvement
_____ Landscaping Improvement
_____ Gazebo, Swing Set, Pool
_____ Other

Section 29, Covenants - If a Lot Owner desires to alter, deviate, change exterior appearance, enclose, or incorporate additions of any type that deviate from the original plans and specifications as filed with the Developer, the application must be submitted to the Architectural Control Board for approval prior to the commencement of project construction. This includes most common areas of; roof, fence, exterior color and ancilliary buildings. It is the Developer's intent to maintain an attractive, harmonious appearance.

Description of Project (please include materials all to be used).

Desired date of completion: _____

Note: If at any time you elect to change exterior colors or materials, you must submit your changes to the ACB.

Exterior Colors: Description of all exterior materials (roof materials, color, brick, exterior paint).

Shutter, Paint Color _____ Exterior, Paint

Color _____ Shingles Color _____ Stucco/Wood

Siding _____

Other _____

PROJECT CONTRACTOR: _____

FEEL FREE TO SUBMIT ADDITIONAL INFORMATION IF NECESSARY

Property Owners Signature _____ Date _____

_____ **APPROVED** _____ **NOT-APPROVED**

Signature of ACB Chairman _____ Date _____