

**AQUA SOLIS HOMEOWNERS ASSOCIATION, INC.**  
**ARCHITECTURAL REVIEW APPLICATION**

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

Please submit this form and any supporting documents electronically\* to the attention of  
AQUA SOLIS HOA/ARC (Architectural Review Committee) via email to  
**sking@ameritechmail.com**

*\*Note that the ARC or Board may request to view a hard copy of any of the documents.*

PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- **ATTACH PAINT I COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL**
- **ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS**
- **ALL EXACT MEASUREMENTS OF MODIFICATION AS IT RELATES TO PROPERTY LINES**

PLEASE DESCRIBE, IN DETAIL, THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS. ATTACH ADDITIONAL PAPERWORK IF NECESSARY.

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

\_\_\_\_\_  
OWNER SIGNATURE

FOR USE BY BOARD OF DIRECTORS

DATE RECEIVED \_\_\_\_\_ DATE To ARB \_\_\_\_\_ DATE To HOMEOWNER \_\_\_\_\_

THE ARB's DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

- [ ] APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)  
[ ] PLANS INCOMPLETE, INFORMATION REQUESTED \_\_\_\_\_  
[ ] APPROVED WITH THE FOLLOWING CONDITION \_\_\_\_\_  
[ ] REJECTED. REASON \_\_\_\_\_

PLEASE RESUBMIT PLANS TO THE BOD WITHIN FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.  
WORK MAY NOT COMMENCE UNTIL THE BOD HAS RENDERED A WRITTEN APPROVAL.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_