

SPRINGWOOD ESTATES HOMEOWNERS ASSOCIATION
PROPERTY MODIFICATION APPLICATION FOR REVIEW
TO
ARCHITECTURAL REVIEW COMMITTEE

INSTRUCTIONS:

Pursuant to "SpringWood Estates Declaration of Covenants and Restrictions", please submit this application to Spring Wood ARC at P. O. Box 462, Belle Chasse, LA 70037.

Please read the "Spring Wood Estates Declaration of Covenants and Restrictions," before filling out the application and do not start any construction without approval from ARC.

Submit appropriate drawings and project specifications with the application.

PLEASE ANSWER THE FOLLOWING:

Lot # _____

Owner(s) Name(s): 1) _____
 2) _____
 3) _____

Mailing Address: _____

Phone: Home _____ Cell _____ Work _____
 Other _____

Plans: Architect/Engineer _____
Date of Plans _____ Revision to Plans _____
Square footage: Living _____ Total _____

Contractor: _____
Contractor Mailing Address: _____
Contractor Phone: Home _____ Cell _____ Work _____
 Other _____

Any request for a variance from the "Declaration of Covenants and Restrictions" shall be specifically listed below plus reason for variance should be stated on separated paper and submitted with this application, pursuant to Paragraph 6.7.

Request for Variance: _____

I (we) affirm that I (we) are the sole Owner(s) of the lot listed above. I (we) have read the "Spring Wood Estates Declaration of Covenants and Restrictions," and I (we) agree to adhere to all terms and conditions provided therein.

	Date Received	Applicant _____	Date _____
		Applicant _____	Date _____
		Applicant _____	Date _____

To be completed by ARC

ARC CHECKLIST

- Application completed
- Deed evidencing ownership
- Plans () Site () Floor () Exterior () Roof () Foundation
- Minimum Square Footage
- Residence Faces Front Lint
- Residence – 3 sides masonry construction
- Residence – concrete slab
- Out-Building / Garage – Material
- Out-Building / Garage – Concrete Slab
- Driveway – 4 car parking
- Garage / Carport – 2 vehicles
- Swimming Pool
- Mail Box
- Landscaping \$1,500
- Fences
- Assessments
- Variance requested () Yes () No

Date received by ARC _____

Date of decision by ARC _____

- Approved
- Disapproved
- Approved as noted

Explanation: _____



**ARCHITECTURAL REVIEW COMMITTEE
AESTHETIC CONSIDERATIONS**

Lot No.: _____ **Date:** _____

Print Name: _____

Signature: _____

Roof Type & Color: _____

Brick Color: _____

Stucco Color: _____

Facia/Soffett Color: _____

Date received by ARC _____

Review by: _____

Date of decision by ARC _____

_____ **Approved**

_____ **Disapproved**

_____ **Approved as noted**

Explanation: _____

Send to: P. O Box 462, Belle Chasse, LA 70037
www.springwoodhoa.com