## **Hidden Canyon Homeowners Association**

#### **Architectural Submittal Checklist**

Address:					
Improvement:					
The following items are required for the submittal packet & should accompany all applicable requests.  Once completed, provide entire packet plus one additional copy to the management company listed at the bottom of this page (page 1).					
lans levation Drawings etails ite Plan pecifications . Location of the improvement on the lot . Front, Rear, and Side setback measurements . Improvement location in relation to existing structures (residence, property walls, driveway, etc.) . Exterior finish materials and colors . Drainage pattern mpacted Neighbor Statement opy of permit (If Applicable) tility connection locations (If Applicable) uilding floor plan and roof plan with all dimensions (If Applicable) vidence of preparation by a licensed contractor ite development plan showing the existing and proposed topographic elevations and the rainage pattern (If Applicable) onstruction staging area lanufacturer's specifications (If Applicable) ree and plant schedule, showing size and type (If Applicable) hotograph(s) of similar improvement al comments or details:					
lo lloite e concincinci					

Failure to follow these requirements and procedures may cause your request to be delayed pending submission of additional information and documentation to the Architectural Review Committee. An incomplete application may affect the time limits for approval.

C/O Nevada Community Management 9500 W. Flamingo Rd., Suite 204, Las Vegas, NV 89147 Phone: (702) 222.2391 Fax: (702) 228.1783 Compliance: carol@nevcm.com

# **Hidden Canyon Homeowners Association**

## **Architectural Review Request**

Property Owner:	Date:		
Property Address:			
Mailing Address:			
Telephone Number (Home):	(Work):		
Projected Start Date:	Completion Date:		
I hereby request approval of the construction or	installation of the following improvement(s):		
Contractor Name:	Phone Number:		
Company Address:			
Contractor's License #:	Bonded/Insured?		
Owner Signature	Owner Signature		
DO NOT WIT	THE BELOW THIS LINE		
Date Received:	Date of ARC Meeting:		
Additional Information requested	Approved		
Impacted Neighbor Statement require	ement   Declined		
Approved with conditions			
Comments/Conditions:			
By:			

#### **Hidden Canyon Homeowners Association**

#### **Impacted Neighbor Statement**

Property Owner:			Date:	
Pro	operty Address:		 	
				_
			ne attached plans to all affected neighbors for ans are being submitted for approval.	
1.	Side Facing Neighbo	or Address:	 	
	Signature:		 Telephone:	
	Rec	ommend Approval	Recommend Disapproval	
2.	Side Facing Neighbo	or Address:		_
	Signature:		 Telephone:	_
	Rec	ommend Approval	Recommend Disapproval	
3.	Rear Facing Neighb	or Address:	 	_
	Signature:		 Telephone:	
	Rec	ommend Approval	Recommend Disapproval	
4.	Rear Facing Neighb	or Address:	 	
	Signature:		 Telephone:	_
	Rec	ommend Approval	Recommend Disapproval	
5.	Front Facing Neighb	or Address:		_
	Signature:		 Telephone:	_
	Rec	ommend Approval	Recommend Disapproval	
6.	Front Facing Neighb	or Address:	 	_
	Signature:		 Telephone:	_
	Rec	ommend Approval	Recommend Disapproval	
—			Telenhone	_

Note: Specific objections may be noted on the back of this form for committee consideration. The Neighbor Impact Form is not required, however, it is recommended.