Application for Architectural Review

CLWII-Architectural Control Form-Cedar Terrace Home ONLY

Make a COPY of this form and email to clw2nac@gmail.com OR

Complete this document as a Google Form OR

Mail to the ACC at 851 Countrystone Dr., Manchester, MO 63021

Sample Boards can be placed in the box at 851 Countrystone Dr.

Owner's Name and Address: Property Address (if different from owner's address):					
Description of work, with specific details regarding placement, dimensions, etc. Please attach a site survey (not a map image) of your property for fences, decks, or other structural projects.					
					
Need more space? Attach anothe If you have a contractor's plan, ple	er page! ease attach it to this form. Redact (black out) the COST of the				

project (not our business!)

<u>Color Review</u>* Attach all color(s) sample(s) being proposed and provide description above where color(s) are to be applied. A <u>sample size</u> of 12"x12" is required for each color to be evaluated. (If needed, ACC can furnish sample material; homeowner is responsible for paint.)

Select all areas to be reviewed for color approval:

AREA	MFGR & COLOR NAME
Siding	
Garage Exterior (if different from house)	
Trim around windows / doors (may be a complementary color within approved color palette)	
Columns, Fascia, Posts, Soffits, Corner boards, & Horizontal trim must be same color as home	
Front entry door	
Main Garage Door	
Pedestrian Garage Door	
Mailbox Post	
Deck, Fence, Rails, Stairs	
Other	
Other	

Other notes or questions?

Material Replacement/Repairs

ITEM	MATERIAL	M	ANUFACTURER	CONTRACTOR
Siding				
Fascia				
Trim boards				
Corner boards				
Doors				
Windows				
Other				
Height:	Length	Material	Color	
-	ncement Decks/Ne			_ Description of
				

*** I / We hereby give permission to any Architectural Committee Member to come on our property to inspect what we have submitted for approval. *** Property owner's signature below. If submitted digitally, Owner attests that the digital signature is valid as a substitute for pen and ink.				
Signature	Date:			
Signature	Date:			
Note: Approval / disapproval will be comple	ted within four (4) weeks of			
submission Architectural Control Commit	ttee Approval (Must have at least three			
signatures)				
Approved Not Approved_Review No:				
Reason	Appeal of ACC decision to be directed			
to the Board of Trustees. Work not to commence until a				
1) Signature	Date			
2) Signature	Date			
3) Signature	Date			
The homeowner must obtain any City of Manchester: http://www.manchester City Code online: http://codes.sullivanpub	rmo.gov/_See Document and Form Center			

St. Louis County: http://www.co.st-louis.mo.us/

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Today's Date: Homeowners Name: Address: Paint / Stain Manufacturer: Paint / Stain Color Name: Paint / Stain Color Number: Where will this color be applied:

Please PRINT, complete and attach this Page to Each Sample Paint Board

Attach this to the back of the sample paint board and submit with your Form for Architectural Review. This may be delivered to the Clubhouse, 851 Countrystone Dr. There is a box on the porch for boards

To insure prompt review by the Architectural Control Committee, be sure to

^{*} Attach all color(s) sample(s) being proposed

^{*} Provide sample of materials being proposed or Mfg. brochure

^{*}Attach contractor schedule or description of work (excluding pricing)

^{*}Site / plot plan showing location of Additions, Decks, or Fences

^{**} It is the responsibility of the homeowner to obtain all necessary permits from the City of Manchester and/or St. Louis County based on the work being done **