

Application for Architectural Review

CLWII-Architectural Control Form-Cedar Terrace Home ONLY

Mail to or put in mail box of Joel Kray, 1679 Country Hill Ln. Manchester, MO 63021

Date Submitted _____

ACC Meeting Date _____	Review Date _____
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Contact Information:

Property Owner's Name(s) _____

Property Address _____

Property Owners Address _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Describe work to be completed (Please Print) _____

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

Put a check mark next to all areas to be reviewed

	AREA	MFGR & COLOR NAME
<input type="checkbox"/>	Siding	
<input type="checkbox"/>	Garage	
<input type="checkbox"/>	Trim around windows / doors-	
<input type="checkbox"/>	Columns, Fascia, Posts, Soffits, Corner boards, & Horizontal trim must be same color as home	
<input type="checkbox"/>	Front entry door	
<input type="checkbox"/>	Main Garage Door	
<input type="checkbox"/>	Pedestrian Garage Door	
<input type="checkbox"/>	Mailbox Post	
<input type="checkbox"/>	Deck, Fence, Rails, Stairs	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	

Review of: Siding, Fascia, Trim boards, Corner boards, Doors, Windows, Other

ITEM	MATERIAL	MANUFACTURER	CONTRACTOR
Siding			
Fascia			
Trim boards			
Corner boards			
Doors			
Windows			
Other			

Fence Review

Height _____ Length _____ Material _____ Color _____

New or Replacement Decks/New Constructions or Additions

Description of construction _____

*** 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**

Name _____

Date _____

Name _____

Date _____

Note: Approval / disapproval will be completed within four (4) weeks of submission

<u>Architectural Control Committee Approval</u> (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 approved.	
1) Signature _____	Date _____
2) Signature _____	Date _____
3) Signature _____	Date _____

Please Complete and Attach this Page to Each Sample Paint Board
Submitted for Architectural Review

Today's Date:

Homeowners Name:

Address:

Paint / Stain Manufacturer:

Paint / Stain Color Name:

Paint / Stain Color Number:

Where will this color be applied:

Attach this to the back of the sample paint board and submit with your Form for Architectural Review. This may be delivered to Joel Kray, 1679 Country Hill Lane. Please leave boards outside near front door. Thank You

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 **

Web Sites

CLW II Subdivision: www.countrylanewoodsii.com

City of Manchester: <http://www.manchestermo.gov/>

See Document and Form Center

City Code online: <http://codes.sullivanpublications.com/manchester-slp/>

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