



TRAILS WEST ARCHITECTURAL REVIEW COMMITTEE

Request for Modification

Please complete the application form and forward with the requested information to the Association's Community Manager for processing. Please do not commence work until you receive approval of your application from the Architectural Review Board.

NAME: _____ DATE: _____

ADDRESS (to be modified): _____ LOT: _____ UNIT: _____

MAILING ADDRESS (if different): _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

OAKWOOD: PINE BLUFF: LAKE MAMIE: ESTATES:

PURPOSE OF REQUEST: Describe modification, addition, alteration or change of color. Attach architectural diagrams, drawings, color chart or samples, photographs, brochures, plans, specifications, etc., anything necessary for the Architectural Review Committee to make an informed decision of the requested alteration.

APPLICATION FOR:

Exterior Paint Fencing Landscaping Swimming Pool Other _____

APPROVED: YES: _____ NO: _____ DATE RECEIVED: _____ DATE REVIEWED: _____

ARC REPRESENTATIVE – Sub-Association: _____

APPROVED: YES: _____ NO: _____ DATE RECEIVED: _____ DATE REVIEWED: _____

ARC REPRESENTATIVE – Master Association: _____

	Date	Method	Approval		Date	Method	Approval

Notified Owner: _____ Date: _____

NOTE: It is the property owner's responsibility to ensure that ALL requests conform to applicable zoning, building, and licensing regulations and that approved projects are properly permitted in accordance with city, state and municipal requirements.

Owners should only use licensed and insured vendors and contractors.