

NEUFairfield HOMEOWNER'S ASSOCIATION ARCHITECTURAL REVIEW REQUEST

Please allow thirty days for review and approval

Today's Date: _____

Name: _____

Address: _____ Lot #: _____

Your e-mail: _____

Day Phone #: _____ Evening Phone #: _____

Submit Application to:
Bay Property Services, Inc
info@baypropertyservices.net
(708) 974-4900 - Office

NOTE: All proposed items must adhere to the NeuFairfield Homeowner's Association Rules & Regulations and the Declarations, which can be found at: <http://neufairfieldhoa.com/Communications.html>.

Type of residence: Single Family Detached Single Family Attached (Duplex)

Please check the box for the item that you are applying for. Your request must address the following specifications: manufacturer of product, dimensions, color, material, style, installer, cost estimate, description of location, distance from property lines, if applicable, etc. **EXAMPLE:** I wish to install an Amarr Stratford 3000 garage door in brown with raised short panels, two vents in the lower corners and full sunray style DecraTrim windows. Golden State is the installer; their estimate is attached. A picture of the proposed style from their website is attached.

- | | | |
|--|---|--|
| <input type="checkbox"/> FENCE | <input type="checkbox"/> EXTERIOR / SECURITY LIGHTING | <input type="checkbox"/> DRIVEWAY / SIDEWALK |
| <input type="checkbox"/> FLAG POLE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> DECK |
| <input type="checkbox"/> SWIMMING POOL / HOT TUB | <input type="checkbox"/> SHED | <input type="checkbox"/> PATIO |
| <input type="checkbox"/> SATELLITE DISH | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MAILBOX |
| <input type="checkbox"/> SWING SETS / PLAY EQUIPMENT | <input type="checkbox"/> RETAINING WALL | <input type="checkbox"/> OTHER: _____ |

DESCRIPTION OF PROPOSED ITEM: _____

I have attached TWO (2) copies of the Plat of Survey of my lot showing the location of my proposed item and they are to scale.

I have attached a picture, brochure, or conceptual drawing of my proposed item.

IF THIS ALTERATION IS APPROVED, I ACCEPT FULL RESPONSIBILITY FOR ALL UPKEEP OF THE ALTERED AREA AND AGREE TO MAINTAIN IT IN A SAFE AND REPUTABLE CONDITION.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

The Architectural Review Committee's jurisdiction shall be limited to the review of all architectural elements including the design characteristics of any structures or improvements on the lots located within the subdivision, and such Committee shall not be responsible for or have jurisdiction over those construction matters associated with the structural or civil engineering of any facility.

HOMEOWNER HAS DELINQUENT DUES. _____ Initial. HOMEOWNER IS CURRENT ON DUES. _____ Initial.

APPROVED. Approval has been granted for the use and location applied for only. Approval does not constitute any review or approval as to the adequacy or sufficiency of the design of the proposed item itself. For your protection, we suggest that you obtain a Certificate of Insurance and License Number from your contractor, if applicable. You must also comply with all State and Local ordinances and regulations. The City of Joliet may also require a permit for your project. Contact them for information at (815) 724-4070 or visit their website at: <http://www.cityofjoliet.info/PermitsApplications/Residential-permits.htm>

The following additional conditions shall also apply: _____

DENIED. Your proposal cannot be approved at this time for the following reason(s): _____

ARC Signature: _____ Date: _____