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|  ARCHITECTURE REVIEW FORM | | RETURN APPLICATION TO: | | | |
| | | David Boyd, ARB Director | | 14330 NW Belle Place hdcanboyd@gmail.com, (503) 307-4583 | |
| | | Dorthe Bugbee | | 14465 NW Oak Hills Drive dorthebugbee@gmail.com | |
| EMAIL APPLICATIONS PREFERRED Please email all ARB members or drop off printed applications, in duplicate, to one of the listed ARB members. | | Keith Gregory | | 15590 NW Barkton Street kgregory1234@gmail.com | |
| | | Rebecca Leibowitz | | 2935 NW Eastway Place rebecca@moonleib.org | |
| | | Robert Erickson | | 15715 NW Oak Hills Drive robertkerickson@gmail.com | |
| Submittal Date: | | Lot Number: | | <input type="checkbox"/> Homeowner | |
| | | | | <input type="checkbox"/> Renter | |
| Phone | | Email | | | |
| Address of Home | | | | | |
| Address of Owner (for Renters only) | | | | | |
| Phone Number of Owner: (For renters only) | | | | | |
| <input type="checkbox"/> Initial Submission | | | <input type="checkbox"/> Previously Submitted-Appeal of Non Approval with changes addressed. | | |
| Check all that apply to this Application: | | | | | |
| <input type="checkbox"/> Paint Exterior (new color or repaint existing color) | | <input type="checkbox"/> Roof Replacement or Change | | | |
| <input type="checkbox"/> Concrete Work | | <input type="checkbox"/> Structural Modification to Home | | | |
| <input type="checkbox"/> Replace Siding or Windows | | <input type="checkbox"/> Deck or Fence Replacement | | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Shed/Outbuilding | | | |
| Description of Improvements (Text Box will expand - Do not expand beyond this page!) (Attach additional pages if necessary, to include plans, drawings, additional information.) | | | | | |
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| ACKNOWLEDGEMENT of Property Owners who are most affected because they are adjacent and/or have a view of the proposed change. This signature does not imply approval or disapproval, but merely indicates an awareness of the applicant's intent. If any OBJECTIONS to this application arise, please discuss them with the applicant or notify the OHHA Architectural Review Board within 10 days of signing the Application form. | | | | | |
| Name: | | Date: | | Name: | |
| Address | | Lot : | | Address | |
| Name: | | Date: | | Name: | |
| Address | | Lot : | | Address | |
| ACTION TAKEN BY THE OAK HILLS ARCHITECTURAL REVIEW COMMITTEE: (official use only) | | | | | |
| Date: | | <input type="checkbox"/> Approved as Submitted: The application and accompanying documentation is approved as submitted. | | | |
| Board Member Initials: | | <input type="checkbox"/> Not Approved: The application and accompanying documentation is not approved and no work may commence. Homeowner must resubmit with additional information and/or changes made. | | | |
| Approval by the Oak Hills Architectural Review Committee does not relieve any homeowner from compliance with local building codes and regulations. Approvals subject to ten (10) day appeal period. Construction by the applicant during this appeal period is at the applicant's own risk. | | | | | |