OAK HILLS HOA

ARCHITECTURE REVIEW FORM



DATE OF SUBMITTAL:				Oak	H 1 I I I
NAME:	F	PHONE:			
EMAIL:	L	OT NUMBER:			
ADDRESS OF HOME:					
ADDRESS OF OWNER (FOR RENTERS	ONLY):				
PHONE NUMBER OF OWNER (FOR RI	ENTERS ONLY):				
DESCRIPTION OF IMPROVEMENTS: (A	Attach additional dr	rawings if nece	ssary – plans etc.)		
	Check all that ap	oply to this app	olication:		-
☐ Paint Exterior (new O	Structural Modif	ication to Hor	me		
□ Concrete Work	☐ Deck or Fence Replacement				
□ Replace Siding or Win	☐ Shed/Outbuilding				
☐ Roof Replacement or	□ Other				
ACKNOWLEDGEMENT of Property Owners who acknowledgement does not imply approval or application arise, please discuss them with the applicant.	disapproval, but merely	indicates an awa	reness of the applican	t's intent. If any	OBJECTIONS to this
Name:	Name:				
Address:		Address:			
Date:	Date:				
Lot Number:	Lot Number:				
Action Taken by	y the Oak Hills Archit	ectural Review	Committee: (office	use only)	
Date:		() Approved as Submitted: The application and accompanying documentation is approved as submitted.			
Board Member Initials:	oved: The application and accompanying documentation is not approved may commence. Homeowner must resubmit with additional information				

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.