

CLAIBORNE HOMEOWNERS' ASSOCIATION DESIGN REVIEW APPLICATION

WHEN DO YOU FILE A DESIGN REVIEW APPLICATION?

An application form must be submitted for any change or addition to the exterior of your building or grounds. If in doubt about your particular project, contact Amity Associates Inc at 459-7100. Applications will be reviewed the first Monday of each month, so please plan accordingly.

WHAT IS THE OBJECT OF THIS FORM?

The object of requiring a Homeowner to file an improvement application with the Board is two fold:

1. To ensure that your planned improvement conforms to the Association's Declaration, enhances the beauty of the Community, maintains the architectural harmony of the Community and in no way inconveniences your fellow homeowners.
 2. To enable the Association to determine what information and assistance it can give in order to expedite completion of you planned improvement.
-
-

Name: _____ Address: _____

Date: _____ Phone Number: _____ Owner: _____ Renter: _____

___ Roof ___ Siding ___ Fence ___ Room Addition ___ Deck ___ Windows ___ Driveway ___ Landscaping

Other – Describe: _____

Description of Requested Improvement: _____

Color: _____ Dimensions: _____ Estimated Cost: \$ _____

A SCALE drawing of all improvements must be submitted and attached to the application to show the exact location and dimensions in relation to your lot lines and home location. Color and material samples are required.

I understand the rules concerning the proposed improvement. This improvement in no way encroaches on a neighbor's property or common ground. I agree to abide by the rules established by the Association and will be solely liable for any upkeep required by the addition of this improvement.

I further agree to obtain all licenses and/or building permits and to meet all legal requirements for building codes.

Date: _____ Signature: _____

FOR ASSOCIATION USE ONLY

Date Received: _____ Signature of BOT Member: _____

Date Approved: _____ Date Disapproved: _____ Letter Sent: _____

Special details or provisions for approval: _____

Signature: _____

Submit to the fax number or address below:

Managed By: Amity Associates Inc PO Box 471, Mason, OH 45040-0471
Phone: 513-459-7100 Fax: 513-398-0603