

PROJECT APPROVAL REQUEST FORM

Date Submitted: _____

Homeowner's Name: _____ Phone: _____

Address: _____ Email: _____

This form and the attached support documents are submitted to the Architectural Review Committee for approval of the pending project. I have read and understand the requirements contained in the Devonshire Architectural Guidelines. I understand that preliminary approval may take up to thirty (30) days from the time my submission has been received by the Committee, and that no work may commence until approval is granted. I am requesting permission for the following construction, installation, or improvements.

Please circle and/or describe your project below:

Patio, Deck Repair/Replacement, Hot Tub, Exterior Lights, Satellite Dish, Exterior Doors, Windows, Roof Repair/Replacement, Fence (maximum height for fence is five (5) feet, and must have one (1) inch spacing minimum,) NO PRIVACY FENCES ALLOWED.

Other Project or Details: _____

Please check that your application includes the following as required:

- ☐ As required, I have submitted a copy of the **Plat of Survey** with a drawing of my request shown on the plat.
(Please note that a Plat of Survey is not required for roof repair/replacement, gutter repair/replacement, and painting of trim, deck, or porch.)
- ☐ I have attached a copy of the project plans with a materials list/samples.
- ☐ The project will be completed by the contractor noted in the project plans.
- ☐ The project will be completed by the Homeowner.

Homeowners Signature: _____ Date Signed: _____

Please return completed and signed form along with required attachments to Kipling Estates Clubhouse.

ARC Committee Review:

____ Approval has been granted for the use and location as submitted. Approval does not constitute any review or approval as to the adequacy or sufficiency of the design of any structure itself. If applicable, it is recommended that you obtain a certificate of insurance and your contractor's license number. It is the responsibility of each homeowner, or the contractor to contact the Village of Shorewood for any required permits and JULIE to locate utilities. All work must be in compliance with all state and local requirements. This approval will expire six (6) months after date of provisional approval.

____ The following conditions shall apply:

____ Your project cannot be approved at this time for the following reason(s):

Committee Signatures: _____

Date Review Completed: _____