

EMMETT HIGHLAND OWNERS ASSOCIATION ARCHITECTURAL REVIEW APPLICATION FORM

ALL APPROVALS MUST BE IN WRITING. VERBAL OR OTHER TYPE ARE NOT BINDING
SUBMIT TO: Rose Management; 2056 SE 3rd Way; Meridian, Idaho 83643; 208-407-0233;
rosemngmtco@gmail.com and adam@rafterdot.com

Date: _____ Owner Name: _____

Property Address: _____ Lot _____ Block _____ Phase _____

Email: _____ Phone: _____

Estimated Start Date: _____ Estimated Completion Date: _____

FEE OF \$300.00 REQUIRED FOR REVIEW. FUNDS AFTER ARCHITECT CONSULTING EXPENSE, IF ANY, WILL BE RETURNED UPON COMPLETION OF THE PROJECT. MAKE CHECKS PAYABLE TO EMMETT HIGHLAND OWNERS ASS.

| APPLICATION FOR: | PERMITTING: |
|--|---|
| <input type="checkbox"/> Landscape Addition or Change | Is a building permit required? |
| <input type="checkbox"/> Fence Installation or Change | <input type="checkbox"/> YES |
| <input type="checkbox"/> Remodel or Alteration | <input type="checkbox"/> NO |
| <input type="checkbox"/> Roofing | If yes, please provide a copy of permit. |
| <input type="checkbox"/> Exterior Paint Body: _____ Trim: _____ Fascia: _____ Accent: _____ Door: _____ | **Please attach diagrams/color samples/pictures/etc. Use other side of this form if additional room is needed. |
| <input type="checkbox"/> Other: _____ | |

Contractor/Builder: _____ Company: _____

Phone: _____ Email: _____

Description of Request: _____

Owner Signature: _____ Date: _____

***By signing this application, I understand that approval from the Emmett Highland HOA is required. I also understand that this is an approval to comply with the CC&Rs and in no way does this approval have any bearing as to the safety, soundness, or legal aspect of the improvement. All local codes and laws are the owner's responsibility. The HOA makes every attempt to provide a fully inclusive review; however, unless a specific variance is granted, it is expected that regardless of plan notations all minimum CC&R & ACC requirements will be met by the owner.**

| For Architectural Committee Use: | |
|---|--|
| Date Received: _____ | FEE OF \$300.00 RECEIVED BY HOA ____ YES ____ NO Date Returned: _____ |
| <input type="checkbox"/> Further Review Necessary | <input type="checkbox"/> Approved with conditions |
| <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Not Approved |
| REVIEW FEE \$ _____ TO ARCHITECT | |
| Acknowledged By: _____ | |
| Date: _____ | |
| Acknowledged By: _____ | |
| Date: _____ | |