

ARCHITECTURAL REVIEW REQUEST
MACDONALD HIGHLANDS MASTER ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE
c/o REAL PROPERTY MANAGEMENT GROUP INC.
P.O. Box 95606 - LAS VEGAS, NV 89193-5606
(702) 933-7764 OFFICE PHONE - (702) 933-7774 FAX

FULL YARD \$50.00 - POOL ONLY \$45.00 - LANDSCAPE ONLY/OTHER CHANGE \$35.00

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

START DATE: _____ COMPLETION DATE: _____

I HEREBY REQUEST APPROVAL OF THE CONSTRUCTION OR INSTALLATION OF THE FOLLOWING IMPROVEMENT(S): LIST ALL COMPONENTS INCLUDING OUT BUILDINGS, PALAPAS, FOUNTAINS AND FIRE PITS

CONTRACTOR (NAME, ADDRESS & TELEPHONE NUMBER):

SIGNATURE (OWNER) _____ SIGNATURE (OWNER) _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE OF COMMITTEE MEETING: _____

- | | |
|--|---|
| <input type="checkbox"/> ADDITIONAL INFORMATION REQUESTED | <input type="checkbox"/> APPROVED |
| <input type="checkbox"/> IMPACTED NEIGHBOR STATEMENT REQUIREMENT | <input type="checkbox"/> APPROVAL WITH CONDITIONS |
| | <input type="checkbox"/> DECLINE |

BY: _____ BY: _____

BY _____ DATE _____

Date Received _____ By _____ Form Complete Yes _____ No _____ Check Received Yes _____ No _____ # _____

What is Missing? _____

Action Taken: Returned form to owner _____ Informed Owner to Fax Missing Page _____ Other _____

IMPACTED NEIGHBOR STATEMENT

NAME: _____

ADDRESS: _____

IMPROVEMENT FOR REVIEW: _____

ON _____, 200__, I/WE PRESENTED THE ATTACHED PLANS TO ALL AFFECTED NEIGHBORS FOR THEIR REVIEW. EACH NEIGHBOR HAS BEEN NOTIFIED THAT THE PLANS ARE BEING SUBMITTED FOR APPROVAL.

1. ADJACENT NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____

SIGNATURE: _____ ADDRESS: _____

2. ADJACENT NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____

SIGNATURE: _____ ADDRESS: _____

3. REAR NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____ SIGNATURE: _____

_____ ADDRESS: _____

4. REAR NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____ SIGNATURE: _____

_____ ADDRESS: _____

5. FACING NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____

SIGNATURE: _____ ADDRESS: _____

6. FACING NEIGHBOR: APPROVE _____ RECOMMEND DISAPPROVAL _____ TELEPHONE _____

SIGNATURE: _____ ADDRESS: _____

HOMEOWNER SIGNATURE

TELEPHONE

NOTE: SPECIFIC OBJECTIONS MAY BE NOTED ON THE BACK OF THIS FORM FOR COMMITTEE CONSIDERATION.

REQUESTS: PLANS MUST NOT EXCEED 8 ½" x 14" PAPER WIDTH

___ PLANS

- A. ELEVATION DRAWINGS
- B. DETAILS

___ SITE PLAN

___ SPECIFICATIONS

- A. LOCATION OF THE IMPROVEMENT ON THE LOT
- B. FRONT, REAR AND SIDE SETBACK MEASUREMENTS
- C. IMPROVEMENT LOCATION IN RELATION TO EXISTING STRUCTURES (RESIDENCE, PROPERTY WALLS, DRIVEWAY, ETC.)
- D. EXTERIOR FINISH MATERIALS AND COLORS
- E. DRAINAGE PATTERN
- F. HEIGHT OF ANY OUT BUILDINGS INCLUDING PALAPAS AND SHADE COVERS

CONTINGENT DOCUMENTATION

THE FOLLOWING ITEMS MAY BE REQUIRED:

IF ANY OF THE FOLLOWING INFORMATION IS RELEVANT TO THE NATURE OF THE IMPROVEMENT, THE FOLLOWING ITEMS MAY BE REQUIRED. EACH OWNER SHOULD REVIEW THE LIST AND DETERMINE IF ANY ADDITIONAL INFORMATION WILL BE RELEVANT TO THE COMMITTEE.

___ IMPACTED NEIGHBOR STATEMENT

___ COPY OF PERMIT

___ UTILITY CONNECTION LOCATIONS

___ BUILDING FLOOR PLAN AND ROOF PLAN WITH ALL DIMENSIONS

___ EVIDENCE OF PREPARATION BY A LICENSSED CONTRACTOR

___ SITE DEVELOPMENT PLAN SHOWING THE EXISTING AND PROPOSED TOPOGRAPHIC ELEVATIONS AND THE DRAINAGE PATTERN

___ CONSTRUCTION STAGING AREA

___ MANUFACTURER'S SPECIFICATIONS

___ TREE AND PLANT SCHEDULE (SHOWING SIZE AND TYPE)

___ PHOTOGRAPH(S) OF SIMILAR IMPROVEMENT

ADDITIONAL COMMENTS OR DETAILS:

NOTE: FAILURE TO SUBMIT COMPLETE PLANS OR INFORMATION NECESSARY FOR A PROPER EVALUATION WILL DELAY THE REVIEW PROCESS.