



NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WORK BEING REQUESTED: _____

PLEASE BE SURE TO:

- Review the Ghent Square ARB Guidelines available on www.GhentSquare.org
- Complete this form, in its entirety Include the following*:
 - A rendering / sketch of the intended, final product (a detailed, written description may suffice, with sufficient detail that a reviewer with knowledge of the property can envision the alteration)
 - A site plan showing the house location on the lot and the alteration area(s), if applicable. Examples include a copy of the survey or title document plot plan.
 - Materials examples / paint swatches
 - Manufacturers' brochures
 - Contractor information:
 - Name / contact information
 - Agreement (if available; please redact all dollar amounts before submission to the Committee)
 - Estimated start / completion dates
 - Porta-potty location and duration _____
 - Large-waste dumpster location and duration _____
 - Acquire the signatures of all neighbors* who may see the modification from their property. *This indicates neighbor awareness, not approval.*
 - Submit this completed form, with all accompanying materials to LRattan@communitygroup.com or deliver to the Ghent Square office during normal business hours.

REMINDERS:

- Requests must be submitted two (2) weeks prior to the monthly ARB meeting; the ARB meets the first Thursday of every month. If this request is received with less than two (2) weeks before the next ARB meeting, the request will be visited at the following month's meeting.
- **YOU MUST HAVE AN APPROVED COPY OF THIS FORM IN HAND BEFORE PROCEEDING WITH ANY WORK.** Please note, per Association Guidelines, "When a homeowner has initiated a project within ARB jurisdiction without prior approval, there be a \$50.00 'after-the-fact' application fee."

SPECIAL NOTES:

- Approval of the Association does not relieve the applicant of the responsibility of obtaining Building and Zoning permits, as required.
- There is a separate two step approval process for any request that specifically addresses construction projects to include, but not limited to room additions, garages, alterations of existing roof lines and porch enclosures:
 - 1) The requestor will present a project (as outlined above) for approval in concept
 - 2) If approval of the concept is granted, then a full set of scaled architectural drawings must be submitted to the Committee prior to final project approval. The Committee will review the architectural drawings at the following ARB meeting, provided materials are submitted two (2) weeks prior to the meeting.

Owner's Signature: _____ Date: _____

By placing my signature on this application, I hereby acknowledge that my project must be completed in full compliance with the submitted plan(s), including any condition(s) specified by the ARB in their approval. Any modification to the approved plan(s) during project implementation, without the prior written approval of the ARB, may result in the requirement to restore the project to the original approved plan(s).

* The Committee may elect to table a decision on a request, asking for more information to be submitted.
* Neighbors' acknowledgements may also be e-mailed to management at LRattan@communitygroup.com.



Contractor: _____ Est. Start Date: _____

Contractor Phone: _____ Est. End Date: _____

NEIGHBOR ACKNOWLEDGMENTS

Please obtain signatures of all adjacent and/or visually affected neighbors. Only valid homeowner signatures will be recognized; if signed by a tenant, the application will be returned. (If more neighbors need to acknowledge than spaces provided, please use an additional page). Acknowledgement indicates awareness of intent only; neighbors with concerns about a proposed project will have the opportunity to voice such concerns by receiving an invite to attend the ARB meeting where the proposal will be reviewed.

Neighbor may also provide their acknowledgement by emailing Lrattan@communitygroup.com.

Name: _____

Name: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

This section below is to be completed by ARB Committee.

ARB COMMITTEE DECISION

Date Received: _____

APPROVED

DENIED

ARB Chair Signature: _____ Date: _____

Application Approved with the following stipulation(s): _____
