

**AUBURN AND BRADFORD AT PROVIDENCE HOMEOWNERS'  
ASSOCIATION  
ARCHITECTURAL REVIEW APPLICATION**

**PAGE 1 – HOMEOWNER CONTACT INFORMATION**

Please provide all information.

**NAME (please print)** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROPERTY ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

(if different from above)      Address/ Street      City /State      Zip

**PHONE NUMBER** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS** \_\_\_\_\_

**PROPOSED START DATE** \_\_\_\_\_ **PROPOSED COMPLETION DATE** \_\_\_\_\_

**If your proposed improvements include irrigation**, please sign below to acknowledge that you will ensure that: 1) no spray/pop up sprinklers or turf will be located within three feet of the block walls, fences, gates, house; 2) no irrigation water will be allowed to spray, flow onto or strike upon any portion of block walls, fences, gates, or house; and 3) no improvement will interfere with, impede, or alter the established drainage or cause flooding or water damage to my property, neighboring properties or common areas.

**SIGNATURE** \_\_\_\_\_

**Please do NOT write below this line. To be filled in by Reviewer(s) only.**

**DATE RECEIVED BY: ARC** \_\_\_\_\_ **DATE REVIEWED BY: ARC** \_\_\_\_\_

**ARC DECISION:**       APPROVED       CONDITIONED APPROVAL       DENIED

**ARC REPRESENTATIVE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ARC COMMENTS:** \_\_\_\_\_

**Note: the Architectural Review process typically takes 2-4 weeks. No work may begin until you have received written approval from both Auburn and Bradford HOA and the master HOA, Providence. Application should only be submitted to Auburn and Bradford HOA. Once reviewed, it will be forwarded to the master. You will receive separate decision letters in the mail, one from each HOA.**

For certain improvements affecting neighboring lots, the Architectural Review Committee (ARC) may require a Neighbor Impact Form (NIF) be completed, at the ARC's discretion. You will be contacted if a NIF is required. If you have questions, please contact your Community Association Manager at Thoroughbred Management.

**Submit to your HOA:**

c/o Thoroughbred Management 2555 W. Cheyenne Ave. North Las Vegas, NV 89032  
702-515-2042 or 866-419-5266 Fax: 702-515-2043 www.tbredmgt.com mail@tbredmgt.com

AUBURN AND BRADFORD AT PROVIDENCE HOMEOWNERS'  
ASSOCIATION

ARCHITECTURAL REVIEW APPLICATION

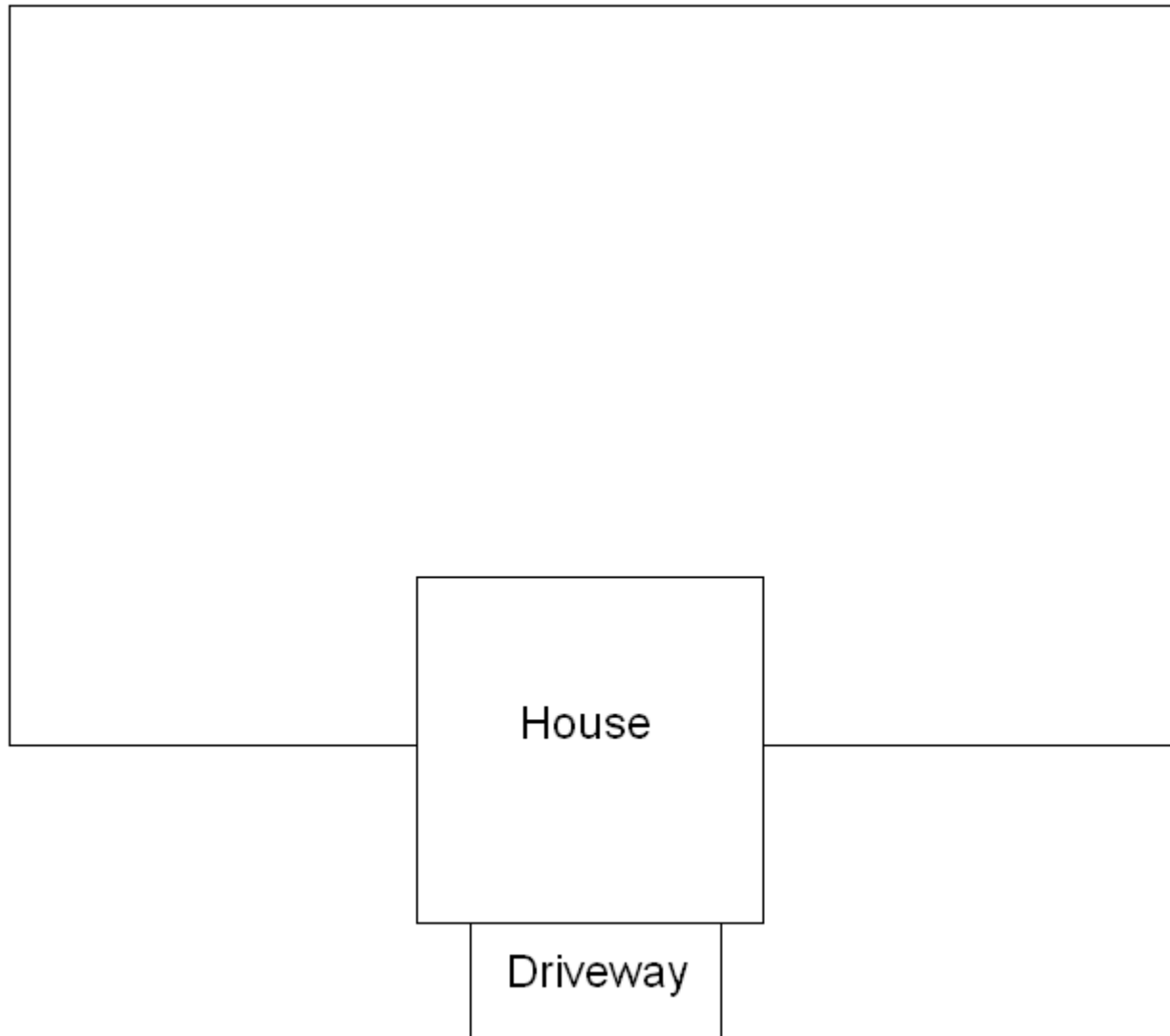
PAGE 2 - DRAWING/PLAN OF PROPOSED IMPROVEMENTS

Draw plan in space provided or attach plan.

Plan does not need to be professionally rendered.

All dimensions must be labeled in feet (width, length, height).

Rear wall



**A \$1,000 cash deposit (no bonds) is required for any project that includes the use of heavy equipment to install improvements such as pool/spa construction and breaching of block walls. The cash deposit (check, cashier's check, or money order) must accompany this application and be made payable to your Association.**

**Submit to your HOA:**

c/o Thoroughbred Management 2555 W. Cheyenne Ave. North Las Vegas, NV 89032  
702-515-2042 or 866-419-5266 Fax: 702-515-2043 www.tbredmgt.com mail@tbredmgt.com

**EXHIBIT C**  
**PROVIDENCE MASTER HOMEOWNERS ASSOCIATION**  
**DESIGN REVIEW APPLICATION**

OWNER \_\_\_\_\_ FEE \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ COMMUNITY \_\_\_\_\_

MAIL ADDRESS (If different) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

THIS APPLICATION IS FOR REVIEW AND APPROVAL OF THE FOLLOWING DESCRIBED IMPROVEMENTS. ANYTHING NOT LISTED HERE AND NOT CLEARLY SHOWN ON PLANS WILL NOT BE A PART OF THIS REVIEW. APPROVAL IS FOR ASSOCIATION PURPOSES ONLY AND DOES NOT CONSTITUTE APPROVAL AS TO COMPLIANCE WITH APPLICABLE STATE, COUNTY OR CITY LAW, BUILDING AND SAFETY REQUIREMENTS OR ZONING ORDINANCES.

**NATURE OF PROJECT: (CHECK ALL THAT APPLY)**

- Painting of exterior of Dwelling (trim, fencing, property walls, etc.) – not original color scheme
- Landscape changes and additions
- Landscape plans – New Installation
- Patio cover
- Wrought iron fencing and/or gates
- Concrete work/paving stones (walkways, patio surface, deck etc.)
- Property walls – new installation or changes to existing
- Solar Panels
- Pool, spa, water feature (\$35)
- Addition to existing Dwelling (room addition or patio enclosure) (\$35)
- Other \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>
ACCT #: _____
TYPE: _____
NOTES: _____
_____
_____
_____

**A COMPLETE COPY OF FINAL PLANS MUST BE ATTACHED, SHOWING:  
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)**

- ✓ Site Plan And Floor Plan If Applicable
- ✓ Exterior Elevations
- ✓ Roof Design (Solar Plans)
- ✓ Exterior Materials Specifications And Finishes/Colors
- ✓ Landscaping & Irrigation Plan
- ✓ Such Other Items Necessary To Reflect The Character And Dimensions Of The Improvements
- ✓ Defined Set-Back Measurements (distance from object to perimeter walls)

**\*\*THE LEGAL OWNER MUST ADDRESS ANY QUESTIONS REGARDING THIS APPLICATION. BY ENTERING YOUR NAME, YOU ELECTRONICALLY APPROVE THIS APPLICATION; APPROVAL MUST BE RECEIVED BY THE HOMEOWNER. SIGNATURE OR ELECTRONIC ACKNOWLEDGMENT CONFIRMS THAT IF ANY WORK HAS COMMENCED PRIOR TO RECEIVING WRITTEN APPROVAL FROM THE DRC, YOU WILL BE LIABLE FOR ALL COSTS NECESSARY TO BRING THE WORK UP TO THE CURRENT STANDARDS. THE HOMEOWNER UNDERSTANDS THE DRC MAY NEED TO ENTER THE PROPERTY TO INSPECT WORK IN PROGRESS AS WELL AS COMPLETED WORK.**

**I have read and understand that my contractor and I must comply with the most current version of the Community Design Guidelines and must construct all improvements in accordance with those guidelines and other governing documents of the Association.**

**EMAIL:** CHECK HERE to request ALL written communications regarding this Application to be delivered only to the email address above. (If unchecked, all written communication regarding this Application will be mailed to the mailing address on file. This email directive does not extend to other Association communications such as billings, etc.; this option applies ONLY to this DRC Application.)

Owner Acknowledgment \_\_\_\_\_ Date: \_\_\_\_\_



# PROVIDENCE

Master Homeowners Association

## Notice of Completion DRC APPROVAL

Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Improvement Description: \_\_\_\_\_

***By signing or entering your name on this form the Homeowner certifies that the project has been installed as approved by the DRC.***

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

**RETURN COMPLETED, SIGNED FORM TO:**  
Email: [compliance@providencelvhoa.com](mailto:compliance@providencelvhoa.com)  
Fax: 702-240-3048  
Office: 7181 N. Hualapai Way Suite 150

*The Providence Master Homeowners Association may contact you to request an inspection of completed modification.*

### For Office Use Only

Inspection requested:  Yes  No

Date Inspected \_\_\_\_\_

Completion Verified:  Yes  No

Name of Inspector \_\_\_\_\_