



BRIGHTON @ PROVIDENCE
HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW
PROCEDURES

The attached Architectural Review package contains an Architectural Change Request Form, Neighbor Awareness Letter and instructions.

Any and all exterior improvements to your property must be submitted to the Architectural Review Committee (ARC) for review and approval prior to commencement of work.

The following details the procedure for submitting improvements for review by the Architectural Review Committee:

- 1) Submit one (1) completed copy of the Architectural Change Request Form(s), Neighbor Awareness Form, and construction drawings, etc.* to:

BRIGHTON @ PROVIDENCE
C/O CAMCO
P.O. BOX 400518
LAS VEGAS, NV 89140

All installation of pools must have a \$2,00.00 Surety Bond or Personal Check (Payable to Brighton at Providence HOA) with all requests before they can be approved.

- 2) Upon review of your plans by the Committee, you will receive written notice of their approval, rejection or conditional approval within *{per your governing documents, e.g. **forty five (45)}*** days.
- 3) You may NOT proceed with your project based solely on the sub-association's approval.

CONSTRUCTION IS NOT TO BEGIN UNTIL WRITTEN APPROVAL OF PLANS IS OBTAINED BY THE ARCHITECTURAL REVIEW COMMITTEE.

To avoid construction delays, please ensure forms and plans are complete prior to submittal.

ANY INCOMPLETE SUBMITTALS WILL BE RETURNED.

ARCHITECTURAL REVIEW REQUEST **SUBMITTAL GUIDELINES**

Homeowners shall receive approval of proposed work prior to the commencement from both the sub and master associations. If work begins prior to the Board's review of the Architectural Request Review (ARC), homeowners will be sent a Cease and Desist notice and will be responsible for all costs, fees and/or applicable fines as prescribed by the Association's CC&R's.

The Board may ask, as prescribed by the Association's CC&R's and NRS 116, that the property is returned to its original condition, solely at the homeowner's expense, if the homeowner does not receive approval for their ARC.

All installation of pools and spas will require a bond deposit of \$ 2500.00 and written approval from the neighbor affected if the proposed location of the pool equipment is adjacent to the neighbor's bedroom.

All deposits will be cashed and returned after completion and inspection of the common area.

Drawings must include location and screening of equipment, site plan, setbacks, materials, colors and any information pertinent to the proposed improvement such as brochures, pictures, etc.

Plans for the improvements must include the methods that will be employed by the homeowner or contractor to complete the proposed work.

All forms must be filled out completely. Any missing information will result in your request being placed on hold until all required materials are received.

BRIGHTON @ PROVIDENCE
HOMEOWNERS ASSOCIATION

P.O. BOX 400518
LAS VEGAS, NV 89140
(702) 531-3382 FAX (702) 531-3392
www.camconeveda.com

ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: _____ TELEPHONE _____

HOMEOWNERS NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

I (we) hereby request approval for the following home improvement. Attached are complete plans of the proposed improvement. NOTE: Plans should include adequate information to render a decision, including, but not limited to, site plan with set-back information, drawings, utility information drainage plan, as well as information regarding the type of materials to be used and exterior colors. **An impact neighbor statement must also be attached.**

IMPROVEMENTS, INCLUDING MACHINERY THAT WILL BE USED:

START DATE: _____ COMPLETION DATE: _____

CONTRACTOR: (Name, address, telephone & copy of contract and permit)

****NOTE: YOU ARE RESPONSIBLE FOR ALL PERMITS AND ADHERENCE TO ALL MUNICIPALITY CODES AND SET BACKS.**

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE REVIEWED: _____

ADDITIONAL INFORMATION REQUIRED: YES / NO

DATE ADDITIONAL REQUESTED: _____ APPROVED: YES / NO

ADDITIONAL COMMENTS/CONDITIONS:

APPROVED BY: _____ DATE: _____

**BRIGHTON @ PROVIDENCE
HOMEOWNERS ASSOCIATION**

NEIGHBOR AWARENESS SIGN-OFF FORM

[if applicable]*Please note that all installation of pools must have a **\$ 2500.00 Surety Bond or Personal Check (Payable Brighton @ Providence HOA)** with all requests before they can be approved.

On _____, _____ submitted the attached plans for the
(DATE) (NAME)
installation of _____.
(IMPROVEMENT)

These plans were made available to the neighbors as required and noted below for their review. The neighbors have been notified that we are submitting these plans to the Architectural Review Committee for approval.

Facing neighbor: _____
 Property Vacant (PRINT NAME) (SIGNATURE)
Address: _____ Date: _____

Right side neighbor: _____
 Property Vacant (PRINT NAME) (SIGNATURE)
Address: _____ Date: _____

Left side neighbor: _____
 Property Vacant (PRINT NAME) (SIGNATURE)
Address: _____ Date: _____

Rear neighbor: _____
 Property Vacant (PRINT NAME) (SIGNATURE)
Address: _____ Date: _____

(SUBMITTER'S SIGNATURE)

NOTE: The "*Facing neighbor*" is the one most directly across the street in the front of your property; the "*Rear neighbor*" is the one most directly behind your property. The neighbors' approval is not necessarily a condition to your improvement/ modification being approved by the Architectural Committee. The intent is to advise your neighbors who own property within close proximity of your Lot and may be affected by your proposed improvements(s) by requiring their signatures above. No application will be considered complete until there is evidence that the immediate neighbors and any neighbor who may be affected have been made aware of this application. **All signatures must be obtained prior to submitting plans for approval. Failure to obtain appropriate signatures may result in delays in the approval process.**

INGROUND POOL AND SPA INSTALLATIONS REQUIRE WRITTEN APPROVAL FROM THE NEIGHBOR AFFECTED IF THE PROPOSED LOCATION OF THE POOL EQUIPMENT IS ADJACENT TO THE NEIGHBORS BEDROOM.

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 _____

FOR OFFICE USE ONLY:
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
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 _____