





## Franklin Park Homeowners Association

### Architectural Request Form

The attached Architectural Review package contains an Architectural Change Request Form, Indemnity Agreement, 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, Indemnity Agreement, Neighbor Awareness Letter, and construction drawings, to:

Franklin Park Homeowners Association  
Attention: Architectural – FirstService Residential  
8290 Arville St.  
Las Vegas, NV 89139  
Fax: (702) 215-5022  
Email: [arcrequest.nv@fsresidential.com](mailto:arcrequest.nv@fsresidential.com)

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.

- 2) Upon review of your plans by the Committee, you will receive written notice of their approval, rejection or conditional approval within thirty (30) days of the meeting.

**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.**



**FirstService**  
RESIDENTIAL

Arville Office  
[nevada.fsrconnect.com/franklinpark](http://nevada.fsrconnect.com/franklinpark)

8290 Arville Street | Las Vegas, NV | 89139  
phone: 702.940.7072 fax: 702.737.3360



# Franklin Park Homeowners Association

## Architectural Request Form

Homeowner's Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_

I/we request approval of the installation of the following alterations to our property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Be Constructed By: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

\_\_\_\_\_  
**Homeowner's Signature**

\_\_\_\_\_  
**Date**

### BOARD MEMBER (S) USE ONLY

Date Request Received by Committee: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Date Response Letter Sent: \_\_\_\_\_

Approved  Conditional  Denied  Requesting Further information

Comments/Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Board Member Signature



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Architectural Request Form

## INDEMNITY AGREEMENT

OWNER (identified below) is the owner of property located within Franklin Park Homeowners Association and wishes to commence construction of improvements (hereinafter the "improvements") set forth as attached hereto.

CONTRACTOR (identified below) has been hired by Owner to effect the improvements.

CONSTRUCTION of the improvements is subject to the Declaration of Covenants, Conditions, and Restrictions for Franklin Park Homeowners Association, as well as certain Rules and Regulations of the Franklin Park Homeowners Association and/or Architectural Review Committee.

THE ASSOCIATION and the ARC may (but are not obligated to) exercise supervisory responsibility with respect to ascertaining that Contractor's operations and improvements comply with the Rules and Regulations, Design Guidelines and CC&Rs.

CERTAIN INDEMNITIES are required of the Owner and Contractor, as follows, prior to commencement of construction of any improvements.

ACCORDINGLY, OWNER AND CONTRACTOR hereby agree to construct the improvements in accordance with the Rules and Regulations, Design Guidelines and Declaration of Covenants, Conditions and Restrictions of Franklin Park Homeowners Association.

OWNER shall be responsible for the conduct of Contractors, its employees and agents within Franklin Park Homeowners Association. Owner and Contractor understand and agree that violations of the Rules and Regulations may be met with a warning, stop work order, lien assessments, and/or revocation of Contractor's right to enter Franklin Park property.

OWNER AND CONTRACTOR hereby indemnify Franklin Park Homeowners Association and the Architectural Review Committee, and agents thereof, and hold them harmless against and from any and all liabilities, claims, losses, damages and expenses connected with the improvements or construction of the improvements.

AGREED AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

"OWNER"

"CONTRACTOR"

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number(s)

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





# Franklin Park Homeowners Association

## Architectural Request Form

### NEIGHBOR AWARENESS FORM

Homeowner's Name: \_\_\_\_\_

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

Proposed changes: \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_, 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.

#### Adjacent Neighbor:

Name: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

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

Approved

Denied

Neighbor's Signature: \_\_\_\_\_

#### Adjacent Neighbor:

Name: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

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

Approved

Denied

Neighbor's Signature: \_\_\_\_\_

#### Rear Neighbor:

Name: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

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

Approved

Denied

Neighbor's Signature: \_\_\_\_\_

#### Facing Neighbor:

Name: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

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

Approved

Denied

Neighbor's Signature: \_\_\_\_\_

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

**This form is only used for the consideration of the Architectural Review Committee. Recommending disapproval does not necessarily mean it is automatically rejected.**

**NOTE: Specific objections may be noted on the back of this form for committee consideration.**



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RESIDENTIAL

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nevada.fsrconnect.com/franklinpark

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**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 \_\_\_\_\_