



MADISON GROVE  
HOMEOWNERS ASSOCIATION  
ARCHITECTURAL REVIEW  
PROCEDURES

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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 Letter and construction drawings, etc.\* to:

MADISON GROVE  
HOMEOWNERS ASSOCIATION  
C/O LEVEL PROPERTY MANAGEMENT  
8966 SPANISH RIDGE AVE. SUITE 100  
LAS VEGAS, NV 89148

- 2) Upon review of your plans by the Committee, you will receive written notice of their approval, rejection or conditional approval within forty-five (45) days of the meeting.
- 3) You may NOT proceed with your project based solely on the sub-association's approval. The sub-association will forward your request to the Master Association for their approval.
- 4) All pool/spa construction must have a \$2000.00 bond in place before any improvements begin.

*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.

# **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&Rs.**

**The Board may ask, as prescribed by the Association's CC&Rs 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.**

**Any work that has the potential to damage block walls, streets, sidewalks, common areas, etc. as determined by the Board of Directors and/or the Architectural Review Committee will require a bond deposit of \$2000.00.**

**All installation of pools and spas will require a bond deposit of \$2000.00 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.**

**Pictures of sidewalks, street, and general area prior to work are needed for projects that will require a bond or use of machinery.**

**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.**

**Names of all plants/shrubs/trees etc. must be included on the drawings or plans submitted by your contractor/landscaper.**

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

**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.**

**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.**

MADISON GROVE  
HOMEOWNERS ASSOCIATION  
8966 Spanish Ridge Ave. Ste. 100  
Las Vegas, NV 89148  
(702) 433-0149 FAX (702)444-2416

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. \_\_\_\_\_

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:

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

MADISON GROVE  
HOMEOWNERS ASSOCIATION

***NEIGHBOR AWARENESS SIGN-OFF FORM***

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 (PRINT NAME) (SIGNATURE)  
Vacant 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.

**NOTE: All signatures must be obtained prior to submitting plans for approval. Failure to obtain appropriate signatures may result in delays in the approval process.**

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