



**MANCHESTER PARK  
HOMEOWNERS ASSOCIATION**

**ARCHITECTURAL SUBMITTAL CHECKLIST**

Below is a list of items that are required to accompany the application prior to review by the Architectural Review Committee.

**ORIGINAL PLUS ONE COPY OF ITEMS 1- 5 BELOW ARE REQUIRED**

**1. APPLICATION**

- A) Complete homeowner information (address, telephone, contact info.)
- B) Homeowner Signature
- C) Approximate start and completion dates
- D) Projects being submitted

**2. SIGNED NEIGHBOR IMPACT STATEMENT**

This statement is to be signed by the "front facing" neighbors; directly across the street and the "side" neighbors; to the right and left and the "rear" neighbors, those at the rear of the property who would be affected by the construction.

**3. PLANS SHOWING THE WORK TO BE DONE**

Detailed drawings showing the height, length, width, color and what the improvement will look like when it is completed.

**4. LANDSCAPE PLANS**

These plans will show a diagram of your house and where the landscaping improvements will be. Indication of plant and tree types and location are required.

**5. MATERIAL SAMPLES**

(Example: type of rock to be used, color chip of paint, pictures of gazebo, pools, patio cover or spa should accompany the plans for the same.) A detailed drawing or picture must be submitted.

Failure to follow these requirements and procedures may cause your request to be delayed pending submission of additional information and documentation to the Architectural Committee. An incomplete application may affect the time limits for approval.

**ALL REQUIRED INFORMATION SHOULD BE SENT TO THE ADDRESS BELOW.**

**MANCHESTER PARK  
HOMEOWNERS ASSOCIATION**

**ARCHITECTURAL CHANGE REQUEST  
(COMPLETE AND RETURN TO ADDRESS BELOW)**

Homeowner \_\_\_\_\_ Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

**I hereby request approval of the construction and/or installation of the following improvement(s):**

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

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

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

**DO NOT WRITE BELOW THIS LINE**

Submittal Checklist:

	Yes	No
Setback compliance	_____	_____
Conforms w/ existing improvements	_____	_____
Plant list adherence	_____	_____
View restriction adherence	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_ Conditional Approval      \_\_\_\_ Declined

By \_\_\_\_\_ Date \_\_\_\_\_

**MANCHESTER PARK  
HOMEOWNERS ASSOCIATION**

**NEIGHBOR AWARENESS STATEMENT**

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the attached plans for \_\_\_\_\_  
\_\_\_\_\_ were made available to all neighbors as required and noted below  
for their review. They have been notified that I am submitting these plans for  
Architectural Review Committee approval.

Signature of **front** facing neighbor: (Name) \_\_\_\_\_  
Address: \_\_\_\_\_

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_

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Signature of **side** neighbor: (Name) \_\_\_\_\_  
Address: \_\_\_\_\_

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_

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Signature of **side** neighbor: (Name) \_\_\_\_\_  
Address: \_\_\_\_\_

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_

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Signature of **rear** neighbor: (Name) \_\_\_\_\_  
Address: \_\_\_\_\_

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_

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

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

**MANCHESTER PARK  
HOMEOWNERS ASSOCIATION**

**PATIO COVER CHECKLIST**

The following information is needed for all patio cover submittals. This information must be accompanied by plans which will show all the listed details, dimensions and what the completed cover will look like.

**1. DIMENSIONS:**

Height \_\_\_\_\_ Slope \_\_\_\_\_

Width \_\_\_\_\_ Overhang \_\_\_\_\_

**2. SETBACKS:**

From posts to the rear wall (min. 10ft.) \_\_\_\_\_

From posts to the right wall (min. 5ft.) \_\_\_\_\_

From posts to the left wall (min. 5ft.) \_\_\_\_\_

**3. ROOF TYPE:**

A) Flat with spaced slats? Yes\_\_\_\_ No\_\_\_\_  
If yes, will roof have exposed rafter tails? Yes\_\_\_\_ No\_\_\_\_

B) Match existing roof type? Yes\_\_\_\_ No\_\_\_\_

C) Other. Description Required: \_\_\_\_\_

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(Rolled roofing must be white or red and have a tile border. Tile border must match the tile that is on the residence. Rolled roofs cannot have exposed rafter tails.)

**4. WOOD TYPE: \_\_\_\_\_**

**5. POST SIZE: \_\_\_\_\_**

(Minimum 4" X 6" for inside properties)

**6. COLOR:**

A) Structure will be painted to match residence? Yes\_\_\_\_ No\_\_\_\_

B) Natural color of wood being used? Yes\_\_\_\_ No\_\_\_\_

(All natural wood surfaces must be sealed with a finish coat.)

**7. STUCCO: Will patio be stucco? Yes\_\_\_\_ No\_\_\_\_**

If Yes, stucco must match the stucco type and color that is on the residence.

**MANCHESTER PARK  
HOMEOWNERS ASSOCIATION**

**GAZEBO/SPA CHECKLIST**

The following information is needed for all gazebo applications. This information must be accompanied by plans which will show all the listed details, dimensions and what the completed gazebo will look like.

**1. DIMENSIONS:**

Height \_\_\_\_\_ Length \_\_\_\_\_  
Width \_\_\_\_\_ Square Ft. \_\_\_\_\_  
Overhang? Yes\_\_\_ No\_\_\_ If Yes, how far from posts? \_\_\_\_\_

**2. SETBACKS AS MEASURED FROM POSTS:**

From side to rear wall (min. 5ft.) \_\_\_\_\_  
From sides to closest side wall (min. 5ft.) \_\_\_\_\_  
From side to house (min. 5ft.) \_\_\_\_\_

**3. CONSTRUCTION MATERIAL:**

Wood? Yes\_\_\_ No\_\_\_ Type of Wood: \_\_\_\_\_  
Enclosed? Yes\_\_\_ No\_\_\_ Windows? Yes\_\_\_ No\_\_\_

**4. COLOR:**

A) Structure will be painted to match residence? Yes\_\_\_ No\_\_\_  
B) Natural color of wood being used? Yes\_\_\_ No\_\_\_  
(All natural wood surfaces must be sealed with a finish coat.)

**5.** Does the gazebo cover a spa? Yes\_\_\_ No\_\_\_

**6.** In this an above ground spa? Yes\_\_\_ No\_\_\_

**7.** Does the structure have any permanent connections with any utilities?

Gas: Yes\_\_\_ No\_\_\_ Water: Yes\_\_\_ No\_\_\_  
Electricity: Yes\_\_\_ No\_\_\_ Sewer: Yes\_\_\_ No\_\_\_

**8.** A building permit is necessary if permanent connection is made to any gas, water, electrical or sewer service. **A copy of the permit must be submitted prior to starting on the improvement.**

**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>
<b>ACCT #:</b> _____
<b>TYPE:</b> _____
<b>NOTES:</b> _____
_____
_____
_____

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