



# MONTICELLO AT PROVIDENCE HOMEOWNERS ASSOCIATION

P. O. BOX 12117

LAS VEGAS, NV 89112

PHONE (702) 531-3382      FAX (702) 531-3392

[www.camconeveda.com](http://www.camconeveda.com)

## ARCHITECTURAL REVIEW PROCEDURES

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The attached Architectural Change Request Form must be submitted to the Architectural Review Committee (ARC) for review and approval prior to the commencement of any and all exterior improvements or modifications done to your property.

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

1. **Submit one (1) completed copy of the Application for Architectural Approval for each improvement and colored plans and/or drawings, etc. to:**

MONTICELLO AT PROVIDENCE AT PROVIDENCE  
HOMEOWNERS ASSOCIATION  
C/O CAMCO  
P.O. BOX 12117  
LAS VEGAS, NV 89112

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 forty-five (45) days of the meeting.
3. An Architectural application will need to be filled out separately for Providence Master Association, which can be printed out on our website [camconeveda.com](http://camconeveda.com).

**All installation of pools must have a \$3,000 Surety Bond, Personal Check, Cashier's check or Money Order made payable to Monticello at Providence Homeowners Association before pool installations can be approved. The \$3,000 deposit will be cashed will be cashed and returned after completion and inspection of the common area.**

*WORK 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

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## ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOMEOWNERS NAME: \_\_\_\_\_

PROPERTY 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.

IMPROVEMENTS:

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PROPOSED START DATE: \_\_\_\_\_ PROPOSED COMPLETION DATE: \_\_\_\_\_

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

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**\*\*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 FOR ADDITIONAL REQUESTED: \_\_\_\_\_ APPROVED: YES / NO

**ADDITIONAL COMMENTS/CONDITIONS:**

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APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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