

OAKRIDGE AT PROVIDENCE
HOMEOWNERS ASSOCIATION

ARCHITECTURAL REVIEW APPLICATION

PAGE 1 – HOMEOWNER CONTACT INFORMATION

Please read and provide all information requested in this packet. If the application is deemed incomplete it will be denied and returned. The ARC Committee (ARC) requires a Neighbor Impact Form (NIF) to be completed, signed and included with all submissions. If a neighbor is unavailable please note that on the form for that address.

HOMEOWNER (print name) _____ DATE SUBMITTED _____

HOME PHONE # _____ CELL # _____

EMAIL ADDRESS _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____
(if different from above) Address/ Street City /State Zip

BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS _____

PROPOSED START DATE _____ PROPOSED COMPLETION DATE _____

The Architectural Review process typically takes 2-4 weeks. No work may begin until you receive written approval. Determinations will be emailed unless you specify otherwise by contacting Thoroughbred Management.

Please do NOT write below this line. To be filled in by Reviewer(s) only.

ARC DECISION: [] APPROVED [] CONDITIONED APPROVAL [] DENIED

ARC REPRESENTATIVE SIGNATURE _____ DATE _____

ARC COMMENTS: _____

Submit to your HOA c/o Thoroughbred Management:

2555 W. Cheyenne Ave. ♦ North Las Vegas, NV 89032 ♦ 710 Coronado Center Dr. Ste120 ♦ Henderson, NV 89052
Phone: (702) 515-2042 ♦ Fax: (702) 515-2043 ♦ Email: gsanchez@tmilv.com ♦ www.tmilv.com

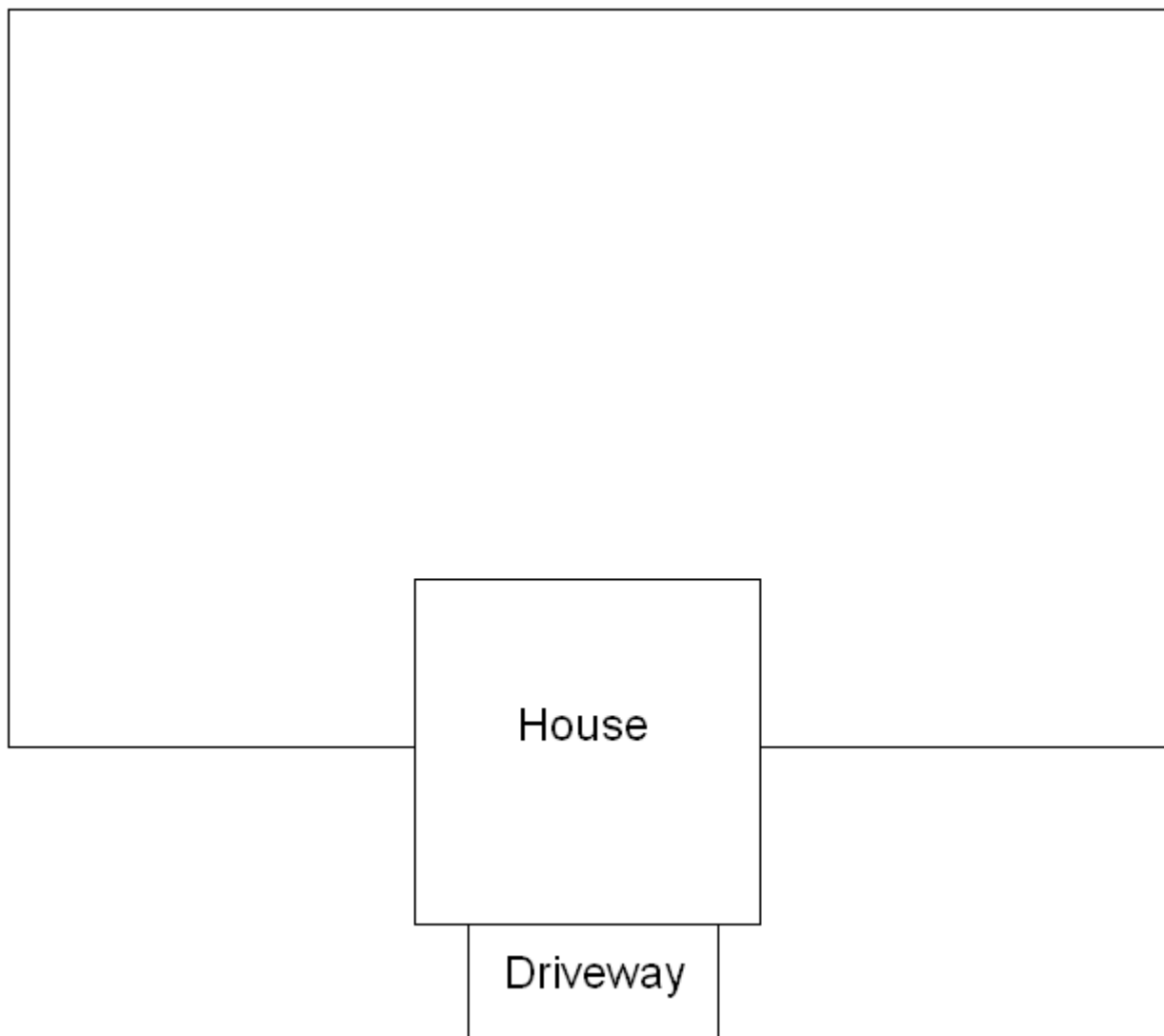
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PAGE 2 - DRAWING/PLAN OF PROPOSED IMPROVEMENTS

- Drawing, diagram or photo must be included.
- Draw plan in space provided or attach plan. Plan does not need to be professionally rendered.
- All dimensions, including setbacks, must be labeled in feet (width, length, height).
- All colors & materials must be included.
- If this is a landscape plan, you must include all plant/tree types.
- If your improvement includes irrigation you must ensure that 1.) No spray/pop up sprinklers or turf will be located within 3 feet of the block walls, fences, gates, house 2.) No irrigation water will be allowed to spray, flow onto or strike any portion of block walls, fences, gates, or house 3.) No improvement will interfere with, impede, or alter the established drainage or cause flooding or water damage to your property, neighboring properties or common areas.

Rear wall



Submit to your HOA c/o Thoroughbred Management:

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PAGE 3 – NEIGHBOR IMPACT FORM (IF NECESSARY)

The purpose of the Neighbor Impact Form is to ensure that all impacted neighbors are properly advised regarding proposed improvements. By signing the Form, the neighbor is not granting or denying the requester permission. Only the Architectural Review Committee (ARC) may approve or deny the request. In addition, if the neighbor has a comment on the proposal, they should indicate this on the comment line or contact Thoroughbred Management to comment confidentially. If the neighbor would like to be present at the meeting of the ARC at which the application is reviewed, they should indicate so on this page and provide contact info.

Front Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Front Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Side Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Side Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Rear Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Rear Facing Neighbor: Address: _____ Signature: _____

Comments: _____

Submit to your HOA c/o Thoroughbred Management:

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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 _____

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 _____