



ARCHITECTURAL REVIEW REQUEST
SOMERSET @ PROVIDENCE HOMEOWNERS ASSOCIATION
c/o Epic Association Management
5443 S. Durango Drive, Las Vegas, NV 89113
Phone/Text 702.767.9993 * Email general@epicamlv.com

ARCHITECTURAL SUBMITTAL CHECKLIST

Property Address: _____

Improvement for Review: _____

The following items are required to complete the submittal package and should accompany all requests. If you are mailing in the package we request you mail the original plus one copy for the records. Color copy emails are preferred.

****NOTE:** Once the sub-association provides you an approval notification you must contact the master association and provide the approval letter from the sub-association along with the application for the master association. Approval from just the sub-association does not constitute approval by the master association.

- _____ Plans
 - A. Elevation Drawings
 - B. Details
- _____ Site Plan
- _____ Specifications
 - A. Location of the improvement on the lot
 - B. Front, Rear and Side yard setback measurements
 - C. Improvement location in relation to existing structures (residence, property walls, driveway, etc.)
 - D. Exterior finish materials and colors
 - E. Drainage Pattern
- _____ Impacted Neighbor Statement
- _____ Copy of permit (if applicable)
- _____ Utility connection locations (if applicable)
- _____ Building floor plan and roof plan with all dimensions (if applicable)
- _____ Evidence of improvement being completed by a licensed contractor
- _____ Manufacturers specifications (if applicable)
- _____ Tree and plant schedule showing size and types of material to be used (if applicable)
- _____ Photograph(s) of similar improvement

Additional Comment or Details: _____

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

**SOMERSET @ PROVIDENCE HOMEOWNERS ASSOCIATION
ARCHITECTURAL CHANGE REQUEST**

Date: _____

Requested by: _____

Address: _____

Telephone: _____ Email: _____

TO: Architectural Review Committee

I hereby request your approval for the installation of the following improvement to my unit (describe the proposed improvements and attached a drawing showing type, style, dimensions, materials, color and location):

As the homeowner, I understand that I am responsible for any damage done to the common elements during and/or after construction of such improvements.

If a contractor is used, a copy of the Business License and Certificate of Insurance must be submitted with this request and the insurance must list the Association and Management as an additional insured on the policy. This information must be provided prior to the work being completed and will delay the approval process of this application if not provided with the initial paperwork. Also, if a building permit is required for the proposed improvement, it must be obtained prior to construction.

Work to be constructed by: _____

Proposed Date of Construction: _____

Any Additional Comment from Applicant: _____

Applicant Signature(s): _____

DO NOT WRITE BELOW THIS LINE

ARCHITECTURAL REVIEW COMMITTEE ACTION:

Approved

Declined

More information needed

COMMENTS: _____

Date: _____

By: _____

Affected Neighbors Approval Needed? () _____

ARC Member Signature

ARC Member Signature

SOMERSET @ PROVIDENCE HOMEOWNERS ASSOCIATION IMPACTED NEIGHBOR STATEMENT

As required, if affected

Name: _____

Address: _____

Improvement for Review: _____

On the below noted dates, I/We presented the attached plans and/or drawings to all affected neighbors for their review of the above noted improvement. Each neighbor has been notified that these drawings and/or plans are being submitted for approval.

1. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

2. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

3. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

4. Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**

Signature: _____ Address: _____

Telephone: _____ Date: _____

Homeowner(s) Signature

Email/Telephone

**NOTE: Specific objections must be noted on the back of this form for committee consideration if neighbor is recommending disapproval. Neighbor objection does not, in itself, cause denial, however the Board of Directors may contact neighbors to determine their objections and if they are appropriate reasons to disapprove if necessary.

Completed Forms Must be Returned to:
Somerset @ Providence Homeowners Association
c/o Epic Association Management
5443 S. Durango Drive
Las Vegas, NV 89113
Phone/Text: 702.767.9993
Email: general@epicamlv.com

Return Completed Form to: Epic Assoc. Mgmt, 5443 S. Durango Drive, Las Vegas, NV 89113 ** general@epicamlv.com

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 _____