



VERADA VIEW AT PROVIDENCE HOMEOWNER'S ASSOCIATION

ARCHITECTURAL REVIEW PROCEDURES

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 and construction drawings, etc.* to: 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) The ARC Committee requires a deposit for pool and any major improvement. An owner shall post a \$1,000.00 Surety Bond or Personal Check (Payable to Verada View HOA) with all requests before they can be approved.
- 3) Upon review of your plans by the Committee, you will receive written notice of their approval, rejection or conditional approval.
- 4) The Committee has thirty (30) days in which to review your request.
- 5) Satellite dishes may be installed without ARC approval if all of the following conditions are met: The satellite dish shall be no larger than 39" in diameter. Please Note: **The Master still requires ARC/DRC submission for satellite dishes.**
- 6) The satellite dish cable/cord color shall match the body color of the home.
- 7) The cable wiring, casing must be installed in a professional manner and cord, cables, wires and dish must be properly mounted and secured.
- 8) The satellite dish must be located in an inconspicuous location at the rear of the Dwelling near the roof eaves.
- 9) If all of these conditions cannot be met, then ARC review and approval will be required, subject to applicable law.

Send application and plans to:

VERADA VIEW AT PROVIDENCE

HOMEOWNERS ASSOCIATION

C/O CAMCO

P.O. BOX 400518

LAS VEGAS, NV 89140

Phone (702) 531-3382 Fax (702) 531-3392

Susan.schrock@camcovevada.com or audra.ray@camcovevada.com

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.

*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. An impact neighbor statement must also be attached.

ANY INCOMPLETE SUBMITTALS WILL BE RETURNED.

VERADA VIEW AT PROVIDENCE
HOMEOWNERS ASSOCIATION
P.O. BOX 400518
LAS VEGAS, NV 89140
PHONE (702) 531-3382 FAX (702) 531-3392
ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: _____ TELEPHONE _____

HOMEOWNERS NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

IMPROVEMENTS:

START DATE: _____ COMPLETION DATE: _____

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

I (we) hereby request approval for the following home improvement. Attached are complete plans of the proposed improvement.

****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: _____

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 _____