

SHADOW RUN HOMEOWNERS' ASSOCIATION, INC.
ARCHITECTURAL CONTROL
ARC-1 - REQUEST FOR HOME IMPROVEMENT

Expected BoD Meeting Agenda Month and Year: _____
Does the suggested improvement adhere to the SR Covenants? _____

Homeowner Name: _____
Address: _____ Riverview, FL 33569
Phone Number: _____ or _____
e-Mail Address: _____ or _____

Who will do the actual work: _____
If contractor, provide phone number: _____
When are you expecting to finish the improvements: ____ / ____ / ____
Will the improvement be visible from the street or to your adjacent neighbors: _____
Does the suggested improvement adhere to the Covenants? _____ (If **No**, complete ARC3)
Provide Covenant Article Number _____ and page number _____

Briefly describe the proposed improvements (Use Extra Sheet If Necessary):

With the exception of painting, re-roofing or window improvements, all applications must be accompanied by a Lot Survey or Google Maps image indicating precisely where the improvement will be located.

*If painting, please remember to include ARC2 - Paint Supplement.
Hyperlinks (URL's) for paint or material samples are acceptable and encouraged where possible.*

- I have **read, understand** and **agree** to guidelines and expectations as published in Shadow Run Procedure Overview (ARC0)
- I understand that the Board will act on this request as quickly as possible and inform me regarding their decision and I agree **not** to begin improvement(s) until notified of Approval.
- I agree to be responsible for all **legal fees** incurred by the Association through attorney if improvements are started before Approval is provided, or, if not completed according to specifications in this application as Approved by the Board.
- I understand that ARC/Board consideration and corresponding Approval/Rejection is **independent** and unrelated to any County, State or Federal permitting which may be required, and remains the responsibility of the homeowner.

With the exception of New Home Construction, all approvals will expire 6-months after Board vote.

Resident Signature and Date: _____ / _____ / _____

E-Mail to: ACB@ourshadowrun.com (and) Kelsie Goodrich <kgoodrich@greenacre.com>

If necessary mail to: Greenacre Property Management / Shadow Run,
Attn: Karen Neidig
4131 Gunn Highway, Tampa, FL 33618