

**EXHIBIT A  
AVIANA HOMEOWNERS ASSOCIATION  
ARCHITECTURAL SUBMITTAL CHECKLIST**

Below is a list of items that are required to accompany the application prior to review by the Architectural Review Committee.

**ORIGINAL PLUS THREE COPIES OF ITEMS 1 - 3 BELOW ARE REQUIRED**

1. Application
  - A) Complete homeowner information (address, telephone, and district).
  - B) Homeowner signature.
  - C) Approximate start and completion dates.
  - D) Projects being submitted.
  
2. Signed Neighbor Awareness Statement

This statement is to be signed by the "front facing" neighbors--directly across the street; the "side" neighbors--to the right and to the left; and the "rear" neighbors-- those at the rear of the property--who would be affected by the construction.
  
3. Plans Showing the Work to be Done

Detailed drawings showing the height, length, width, color and what the improvement will look like when it is completed.
  
4. Landscape Plans

These plans show a diagram of your house and where the landscaping improvements will be. Indication of plant and tree types and location are required.
  
5. Material Samples

(Example: type of rock to be used, color chip of paint, pictures of gazebo, pools, patio cover and spa should accompany the plans for the same). A detailed drawing or picture must be submitted.

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.

**EXHIBIT B  
AVIANA HOMEOWNERS ASSOCIATION  
HOME IMPROVEMENT APPLICATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**PROJECT BEING SUBMITTED: (Please check appropriate item. One project per application.)**

- |                                      |                                     |   |  |
|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Walls      | <input type="checkbox"/> Patio Cover      | <input type="checkbox"/> Basketball Hoop                     |
| <input type="checkbox"/> Side        | <input type="checkbox"/> Side       | <input type="checkbox"/> Painting         | <input type="checkbox"/> Air Conditioner                     |
| <input type="checkbox"/> Front       | <input type="checkbox"/> Front      | <input type="checkbox"/> Playhouse        | <input type="checkbox"/> Fence(s)                            |
| <input type="checkbox"/> Back        | <input type="checkbox"/> Rear       | <input type="checkbox"/> Pool & Equipment | <input type="checkbox"/> Awnings                             |
| <input type="checkbox"/> Trees       | <input type="checkbox"/> Retaining  | <input type="checkbox"/> Spa & Equipment  | <input type="checkbox"/> Gazebo                              |
| <input type="checkbox"/> Green House | <input type="checkbox"/> Relocation | <input type="checkbox"/> Room Additions   | <input type="checkbox"/> Deck                                |
| <input type="checkbox"/> Lawn Only   | <input type="checkbox"/> Extension  | <input type="checkbox"/> Gutters          | <input type="checkbox"/> Drains (if altering existing grade) |

OTHER: \_\_\_\_\_

**PLEASE FILL IN DETAILS IF NOT SHOWN ON PLANS:**

Are all existing improvements shown on plans? \_\_\_\_\_

Names of plants: \_\_\_\_\_

Type of materials used: \_\_\_\_\_

Type of wood surfaces: \_\_\_\_\_

Color scheme: \_\_\_\_\_

Impacted neighbor statement attached? \_\_\_\_\_

Original plus 4 copies attached? \_\_\_\_\_

Plans that are approved are not to be considered authorization to change the drainage plan as installed by the developer and approved by the Clark County. The review is intended to consider aesthetic appearance of the drains, pipes and coring and other applicable aspects of drainage. Owner may also need to acquire approval from the Clark County for permission to encroach within County easement.

Homeowner=s Signature

Date

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**For Architectural Review Committee Use Only**

[ ] Approved      [ ] Denied      [ ] Conditional Approval

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**EXHIBIT C  
AVIANA HOMEOWNERS ASSOCIATION  
NEIGHBOR AWARENESS STATEMENT**

On (date) \_\_\_\_\_, the attached plans for \_\_\_\_\_ were made available to all neighbors as required and noted below for their review. They have acknowledged that I am submitting these plans for Architectural Review Committee approval.

Acknowledgment Signature of front facing neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

Acknowledgment Signature of front facing neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

Acknowledgment Signature of side neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

Acknowledgment Signature of side neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

Acknowledgment Signature of rear neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

Acknowledgment Signature of rear neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
HOMEOWNER SIGNATURE

\_\_\_\_\_  
DATE

**EXHIBIT D  
AVIANA HOMEOWNERS ASSOCIATION  
PATIO COVER CHECKLIST**

The following information is needed for all patio cover submittals. This information must be accompanied by plans, which show all the listed details, dimensions and what the completed cover will look like.

1. Height \_\_\_\_\_ Slope \_\_\_\_\_  
Width \_\_\_\_\_ Overhang \_\_\_\_\_
2. Setbacks:  
From posts to the rear wall (min. 10 ft.) (A) \_\_\_\_\_  
From posts to the right side wall (min. 5 ft.) (B) \_\_\_\_\_  
From posts to the left side wall (min. 5 ft.) (C) \_\_\_\_\_
3. Roof Type:
  - A) Flat with spaced slats? Yes or No. If yes, will roof have exposed rafter tails? Yes or No.  
What is the spacing of the slats? \_\_\_\_\_
  - B) Match existing roof type? Yes or No.
  - C) Rolled roof? Yes or No. Give description of material.  
(i.e., fiber felt weight, rolled roofing weight, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Rolled roofing must be white or red and have a tile border. Tile border must match the tile that is on the residence. Rolled roofs cannot have exposed rafter tails.)
4. Wood type: \_\_\_\_\_
5. Post Size (minimum 4" x 6" for inside properties): \_\_\_\_\_
6. Color
  - A) Will structure be painted to match color of residence? Yes or No.
  - B) Natural color of wood being used? Yes or No.  
(All natural wood surfaces must be finished).
7. Stucco - Will patio be stuccoed? Yes or No. If yes, stucco must match the stucco type and color that is on the residence.

**EXHIBIT E**  
**AVIANA HOMEOWNERS ASSOCIATION**  
**NOTICE OF COMPLETION FOR HOME IMPROVEMENT (S)**

When your home improvement has been completed, please fill out this form and return to:

Epic Association Management  
8712 Spanish Ridge Ave.  
Las Vegas, NV 89148 or  
general@epicamlv.com

HOMEOWNER NAME (PLEASE PRINT)	DAY PHONE
ADDRESS	SUB-DIVISION
IMPROVEMENT (S) COMPLETED	DATE OF COMPLETION

Signature of Owner: \_\_\_\_\_

**EXHIBIT F**  
**AVIANA HOMEOWNERS ASSOCIATION**  
**BREACHING COMMUNITY WALL**

If a homeowner requests approval to gain entrance to their property through one of the community perimeter walls to install a pool or other structures on the homeowner's property, the homeowner shall abide by the following:

- \* SUBMIT APPLICATION EXHIBIT B, EXHIBIT C, AND EXHIBIT F.
- \* OWNER SHALL POST A BOND OR DEPOSIT IN CERTIFIED FUNDS, A SUM EQUAL TO THE QUOTED AMOUNT OR \$3,000, WHICHEVER IS GREATER, TO BE HELD BY THE ASSOCIATION'S MANAGEMENT FIRM UNTIL THE ARC COMMITTEE HAS APPROVED THE COMPLETED WORK.
- \* SUBMIT FULLY EXECUTED INDEMNIFICATION AGREEMENT.
- \* THE WALL SHALL NOT BE DOWN LONGER THAN 45 DAYS.
- \* ASSOCIATION'S MANAGEMENT FIRM WILL RETURN THE DEPOSIT AT THE DIRECTION OF THE ARC COMMITTEE AT THE TIME OF COMPLETION LESS ANY EXPENSES OR REPAIRS INCURRED BY THE ASSOCIATION IN RELATION TO THE IMPROVEMENTS.
- \* WALL SHALL BE REMOVED AND REPLACED BY ORIGINAL CONTRACTOR OR CONTRACTOR OF ASSOCIATION'S CHOICE AND LANDSCAPING SHALL BE REMOVED AND RESTORED BY HOMEOWNERS ASSOCIATION LANDSCAPING COMPANY.
- \* UPON APPROVAL OF SUBMITTAL, ALL CONSTRUCTION SHALL BE SCHEDULED THROUGH THE ASSOCIATION FOR COORDINATION.
- \* THESE RULES SHALL ALSO APPLY FOR CONSTRUCTION ACCESS OVER THE PERIMETER WALL.
- \* PERMISSION TO BREACH THE PERIMETER WALL WILL NOT BE GRANTED IF BACKYARD CAN BE ACCESSED THROUGH SIDE RETURN WALL.

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Property Address

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Homeowner's Name

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Architectural Review Committee:    (    ) APPROVED            (    ) NOT APPROVED

Comments:

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Signature and Date

**EXHIBIT G  
AVIANA HOMEOWNERS ASSOCIATION  
GAZEBO/SPA CHECKLIST**

The following information is needed for all gazebo applications. This information must be accompanied by plans, which show all the listed details, dimensions, and how the completed gazebo will look.

1. Height \_\_\_\_\_ Length \_\_\_\_\_  
Width \_\_\_\_\_ Square Ft \_\_\_\_\_  
Overhang? \_\_\_\_\_ Y/N How far from posts? \_\_\_\_\_
2. Setbacks as measured from posts:  
From side to rear wall (min. 5 ft.) (A) \_\_\_\_\_  
From side to closest side wall (min. 5 ft.) (B) \_\_\_\_\_  
From side to house (min. 6 ft.) (C) \_\_\_\_\_
3. Construction materials:  
Wood \_\_\_\_\_ Y/N Type \_\_\_\_\_ Enclosed \_\_\_\_\_ Y/N  
Wood slats \_\_\_\_\_ Y/N Windows \_\_\_\_\_ Y/N Other \_\_\_\_\_
4. Color:  
(A) Will structure be painted to match color of residence? \_\_\_\_\_ Y/N  
(B) Natural wood surface being used? \_\_\_\_\_ Y/N  
All natural wood surfaces must be sealed with a finish coat.
5. Does the gazebo cover a spa? \_\_\_\_\_ Y/N
6. Is this an aboveground spa? \_\_\_\_\_ Y/N
7. Does the structure have any permanent connections with any of the following utilities?  
Gas \_\_\_\_\_ Y/N Water \_\_\_\_\_ Y/N  
Electricity \_\_\_\_\_ Y/N Sewer \_\_\_\_\_ Y/N
8. A building permit is necessary if permanent connection is made to any gas, water, electrical or sewer service.