

CASCADE HOMEOWNERS ASSOCIATION  
APPLICATION FOR IMPROVEMENTS  
ARCHITECTURAL REVIEW COMMITTEE (ARC)

***THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO COMMENCEMENT OF ANY IMPROVEMENTS, CHANGES, ETC.***

DATE: \_\_\_\_\_

RECEIVED BY MGMT: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is submitted for review and approval of the following described improvements. Anything not listed here and not clearly shown on plans and specifications will not be a part of this review. You must provide a phone number.

DESCRIPTION OF PROPOSED IMPROVEMENTS:

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In support of this application, the following required items **must** be submitted:

- Two copies of plans and specifications
- Show existing improvements
- Specify names of plants, proposed materials, types of surfaces/finishes, colors, dimensions
- A Neighbor Awareness Form (required only if requested improvements impact adjacent neighbors)

If application is incomplete, the reviewer will notify the applicant as to the needed documents or information and the application will not be further considered until receipt of these materials or information.

I will assume the responsibility of any work under the proposed above improvement that I may or my licensed contractor may accomplish which may, in the future, adversely affect the common area. I will assume responsibility for all future maintenance of this addition and/or improvement.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

**SATELLITE DISH INSTALLATIONS MUST INCLUDE INSTALLER NAME AND LOCATION OF INSTALLATION.**

**FOR ARCHITECTURAL COMMITTEE USE ONLY**

Action taken by Architectural Review Committee:

- APPROVED AS SUBMITTED  
 APPROVED WITH CONDITIONS (The request submitted is approved subject to the conditions noted.)  
 DISAPPROVED (The entire request is not approved and must be resubmitted.)

Comments: \_\_\_\_\_

Signature of ARC Member: \_\_\_\_\_ Date: \_\_\_\_\_

This approval does not relieve the Owner from CC&R requirements nor does it constitute approval as to compliance with applicable State, County, or City Ordinances or requirements. Owner may also need to acquire building permits and/or approval from the City or County for permission to encroach with City or County easements. Approval is not to be considered authorization to change the drainage as installed by the developer and approved by the City or County.

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**NEIGHBOR AWARENESS FORM**

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

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NEIGHBOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

PHONE NUMBER(S) : \_\_\_\_\_

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.  
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

NEIGHBOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

PHONE NUMBER(S) : \_\_\_\_\_

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.  
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

This form is required only if requested improvements impact adjacent neighbors.  
**Completion of the Neighbor Awareness Form does not constitute approval by the ARC.**