

ARCHITECTURAL REVIEW REQUEST APPLICATION

TERRA MIA ESTATES HOMEOWNERS ASSOCIATION
c/o Epic Association Management
8712 Spanish Ridge Ave., Las Vegas, NV 89148
Phone/Text: 702.767.9993 * Email: general@epicamlv.com

ARCHITECTURAL SUBMITTAL CHECKLIST:

Property Address: _____

Improvement(s) for Review: _____

Please complete and submit this application in its entirety. Emailing the application is preferred. Please email the application to the email provided above. If you are mailing the application, we request you mail the original copy and keep a copy for your records. Please contact our office to confirm receipt of your application once submitted.

ALL APPLICABLE ITEMS ON THE CHECKLIST BELOW ARE REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION. IF AN ITEM IS NOT APPLICABLE TO YOUR IMPROVEMENTS PLEASE MARK IT AS "N/A"

_____ **COLOR PHOTOS MUST BE INCLUDED FOR ALL APPLICABLE IMPROVEMENTS - (Plants/trees/artificial turf, rock samples, paver samples, paint colors, gazebos, sheds, etc.)**

_____ All plant life/trees/artificial turf, etc. should be clearly indicated as far as size, type, location on the property, etc. and include set back measurements on the site plans/diagrams as applicable.

_____ All decorative rocks, stones, etc. should be clearly indicated as far as size and type along with the color photos.

_____ Site Plans/Diagrams/Specifications of Improvements: please submit legible drawings/diagrams/site plans, etc. as they pertain to your improvements. These diagrams are not required to be professionally done. The Architectural Review Committee/Board of Directors just needs to clearly see and understand the proposed improvements. Please be sure to clarify the following items with your diagrams:

- A) Improvement(s) location with measurements/distances in relation to existing structures (residence, property walls, driveway, etc.) as applicable. See attached sample ARC diagram.
- B) Front, rear, and side yard setback measurements as applicable
- C) Measurements of the actual improvement(s) itself. For example, if you are proposing to install a patio cover, we would need to know the specific measurements/size of the patio cover.
- D) Materials list: all building materials required for the improvement(s) should be listed/included with the application. Color samples of applicable materials is recommended.
- E) Drainage pattern(s) for landscaping improvements
- F) Solar panel installation requests should include diagrams showing where the panels will be installed on the roof.

Return Completed Application to: Epic Assoc. Mgmt., 8712 Spanish Ridge Ave., Las Vegas, NV 89148; general@epicamlv.com

ARCHITECTURAL SUBMITTAL CHECKLIST CONTINUED:

- _____ Copy of building/city permit(s) (if applicable). Building/city permits can be submitted after approval from the association if your permit will not be issued until you obtain approval from your association.
- _____ Utility connection locations (if applicable)
- _____ Building floor plans and roof plans with all dimensions, setbacks, etc. (if applicable)
- _____ Manufacturers specifications for improvements (if applicable)
- _____ Photograph(s) of similar improvements for reference.
- _____ Copy of Business License/Certificate of Insurance if you are using a licensed contractor.

Additional Comments or Details: _____

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ARCHITECTURAL CHANGE REQUEST APPLICATION

Date: _____
Owner(s) Name: _____
Property Address: _____
Mailing Address (if different from above): _____
Telephone #: _____
Email Address: _____

I hereby request approval for the installation of the following improvement(s) to my unit (describe the proposed improvements and provide the required items from the checklist above):

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

Work to be constructed by: _____
Proposed Date of Construction: _____
Proposed Date of Completion: _____
Additional Comments 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/Board of Directors. An incomplete application **WILL NOT** be submitted to/reviewed by the Architectural Review Committee/Board of Directors.

Please be aware that the Architectural Review Committee/Board of Directors may take up to 60 DAYS to approve/deny your application. Please plan for this timeframe accordingly.

Applicant Signature(s): _____

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IMPACTED NEIGHBOR STATEMENT

The impacted neighbor statement page is **required** for all improvements regardless of whether the improvements will directly impact the neighbors or not. This page is intended to make your neighbors aware of your proposed improvements so that they can anticipate the improvements, excess noises, excess visitors to the property, construction, etc. A neighbor’s approval/disapproval will be taken into consideration but it is not a direct indication of whether your improvements will be approved or not. Specific objections must be noted or provided separately for the Architectural Review Committee/Board of Directors consideration if a neighbor is recommending disapproval. The Architectural Review Committee/Board of Directors may contact the neighbors to further discuss any objections to proposed improvements.

Name: _____

Property Address: _____

Improvement for Review: _____

On the below noted dates, I/We presented the attached plans and/or drawings to all immediate 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:

Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**
Signature: _____ Address: _____
Telephone: _____ Date: _____

Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**
Signature: _____ Address: _____
Telephone: _____ Date: _____

Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**
Signature: _____ Address: _____
Telephone: _____ Date: _____

Adjacent Neighbor: _____ Approval _____ Recommended Disapproval**
Signature: _____ Address: _____
Telephone: _____ Date: _____

Applicant Signature(s): _____

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