

ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION FOR IMPROVEMENTS THIS FORM MUST BE COMPLETED AND APPROVED BEFORE ANY CHANGES ARE

MADE.

It is the Board of Directors' goal to: "maintain, protect, and enhance the value of YOUR neighborhood." (Please print clearly and copy for your records)

OWNER: DATE:

ADDRESS: _____PHONE: _____

LOT#:_____BLOCK#:____START/FINISH DATES: _

EMAIL ADDRESS (REQUIRED): ____

DESCRIPTION OF PROPOSED IMPROVEMENT (ATTACH SKETCHES):

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

Homeowners Signature For courtesy and to prevent future disagreements the undersigned adjacent owners have no objections to the proposed improvements:

Name:	Address:
Name:	Address:
Name:	Address:

For ARC and Management Company Only

Summerlin Master Association Received onSubmitted to Summerlin Master ARC on		by	
Board approval/denial by: Comments:	Sent	by	
The Terraces Community Association Received on		by	
Board approval/denial by: Comments:	Sent	by	
	Detum to		

Return to: The Terraces Community Association ARC ^c/_o Epic Association Management Attn: Architectural Reviews Coordinator 8712 Spanish Ridge Ave, Las Vegas, NV 89148 Phone & Text: (702) 767-9993 Email: general@epicamlv.com