

ARCHITECTURAL REVIEW REQUEST APPLICATION

WATERMARKE 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.

Be advised, any installations of décor, cameras, satellite dishes or anything else that will be installed on or to the exterior stucco require ARC approval. Additionally, any such installations will incur a fee of \$50.00 for décor and \$100.00 for any cameras, satellite dishes or anything similar. The exterior of the buildings (patios included) is maintained by the association thus, any holes or damage are considered damaging a common area. Check or money order can be submitted along with ARC application made payable to Watermarke Homeowners Association. ARC applications can also be emailed to Courtney@epicamlv.com and payment can be made online at www.epicamlv.com

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 ITEMS (cameras, shades, satellite dish, decor items, indicating the item and where it will be mounted)**

_____ 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:

_____ Manufacturers specifications for improvements (if applicable)

_____ 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 90 DAYS to approve/deny your application. Please plan for this time frame accordingly.

Applicant Signature(s): _____

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