

ARCHITECTURAL REVIEW APPLICATION

For Stoneview Gardens Condominiums

Mulloy Properties, LLC

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PLEASE FILL OUT COMPLETELY

Please submit this application, diagrams or drawings, and plat plans to the Association Manager at the above mailing or email address. All information for proposed project needs to be complete before application will be considered. The architectural review application will then be processed in the Association files and submitted to the Board for conditional approval, disapproval or request for additional information within 30 working days of submission.

PROPERTY OWNED BY: _____

ADDRESS: _____

PHONE NUMBERS (if there are questions we must be able to contact you): _____

I WISH TO RECEIVE NOTIFICATION OF APPROVAL/DISAPPROVAL BY (PLEASE SELECT ONE OPTION):

_____ Email: _____

_____ Fax: _____

_____ Postal Mail: _____

EVALUATION: (Sketch design and description if necessary; manufacturers literature or potential contractor's bid is welcome/encouraged)

1. Indicate an anticipated start and completion date; changes/additions must be completed within 60 days of project start date*.
2. Include front and side view elevations with dimensions (where applicable)
3. Include location and depth of any required cuts or fills in the soil (where applicable)
4. Show the location of any existing utilities or drainage courses (if applicable or in close proximity)
5. Owner/contractor must have utilities professionally marker (Before U Dig) before any excavating or digging is permitted.
6. Owner/contractor must obtain all required government reviews, approval, permits, inspections and a Certificate of Occupancy (if applicable).

NATURE OF IMPROVEMENT OR REPAIR: Attached plat plans, drawings/or diagrams to help explain.

CONTRACTOR NAME AND PHONE NUMBER/PROOF OF INSURANCE (if applicable):

TYPE OF MATERIALS, DIMENSIONS/COLOR (if applicable) [If listed on plans, no need to do this again.]:

LOCATION OF ADDITION/CHANGE: Attach a plat plan showing location of home and proposed addition and change (some items can have a hand drawing of proposed item(s) instead of plat).

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

NOTICE: Approval of any addition/alteration/change/structure by the committee is in no way a certification that the structure has been constructed in accordance with government rules or codes.

Signature of Applicant (must be owner of unit) **Date**

Print Name of Applicant **Print Unit Address**

MP/BOD Use Only

Conditional Approval/ Disapproval **Date**
By Board of Directors for Stoneview Gardens Condominiums

Additional Remarks or stipulations:

Date Received: _____

Response Deadline: _____

** The 60 day completion date applies unless additional time is requested and approved.*