



RED LEAF  
HEIGHTS

### ARCHITECTURAL REVIEW APPLICATION FORM

ALL APPROVALS MUST BE IN WRITING. VERBAL OR ANY OTHER TYPE OF APPROVALS WILL NOT BE CONSIDERED VALID OR LEGAL.

SUBMIT REQUESTS TO: DEVELOPMENT SERVICES ~ 9601 W. STATE ST. #203 ~ BOISE, ID 83714

Date: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Phase \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

APPLICATION FOR:	PERMITTING:
<input type="checkbox"/> Landscape Addition or Change	Is a building permit required?
<input type="checkbox"/> Fence Installation or Change	<input type="checkbox"/> YES
<input type="checkbox"/> Remodel or Alteration	<input type="checkbox"/> NO
<input type="checkbox"/> Roofing	If yes, please provide a copy of permit.
<input type="checkbox"/> Exterior Paint Body: _____ Trim: _____ Fascia: _____ Accent: _____ Door: _____	<b>**Please attach diagrams/color samples/pictures/etc. Use other side of this form if additional room is needed.</b>
<input type="checkbox"/> Other: _____	

Contractor/Builder: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*By signing this application, I understand that approval from the Red Leaf HOA Board is required. I also understand that this is an approval to comply with the CC&Rs and in no way does this approval have any bearing as to the safety, soundness, or legal aspect of the improvement. All local codes and laws are the owner's responsibility. The HOA makes every attempt to provide a fully inclusive review however unless a specific variance is granted, it is expected that regardless of plan notations all minimum CC&R & ACC requirements will be met by the owner.**

#### ARCHITECTURAL COMMITTEE SECTION

Date Received by Architectural Committee: \_\_\_\_\_

Decision on Request: **APPROVED (As Submitted)** \_\_\_\_\_ **APPROVED (With attached conditions)** \_\_\_\_\_

**NOT APPROVED** \_\_\_\_\_

Attested By: \_\_\_\_\_ Date: \_\_\_\_\_

Majority Approval By: \_\_\_\_\_

**FINAL INSPECTION:** Date \_\_\_\_\_ APPROVED:  NOT APPROVED:

BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_