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Summerfield Community Association, Inc.

4117 N.W. 122nd, Suite B Oklahoma City, OK 73120 (405)751-1780

Request form for Architectural Review Board

Instructions for request:

- 1. Do not begin any modifications until a written approval has been received from the ARB
- **2.** Fill out this form with as much specificity as you can provide.
- **3.** Submit the form to the HOA office.
- **4.** Upon written approval from the HOA, commence the project in accordance with the request.
- **5.** Notify the HOA when the work is complete, or if delays prevent a timely completion.
- **6.** HOA manager will inspect the finished project ensuring it in compliance with the approved request
 - **a.** if inspection passes, this request will be filled in the homeowners record.
 - **b.** if the inspection identifies an issue or a deviation from the approved project or materials, the **homeowner is responsible for correcting the deviation** and complying with the approved request

Name:	Email:		
Home Phone: ()	Preferred Contact number: (
Estimated Start Date: //	Estimated Completion Date:/		
request has been "accepted for review" by the is properly filled out and contains all the reques HOA manager will enter the date that the AR	has 30 days to approve a request, which begins when the HOA office. "Accepted for review" means the ARB requestired information to asses the suitability of the project. The RB request was "accepted for review" in the field below. A " does not in any way indicate that the request has been approved.		

Continued from front page:

Please describe	e the proposed project:(attach	additional pages as nee	ded)	
Please describe	e the materials that will be use	d:		
Color:	Material Type:	Style:	Dimensions:	
Paints or Stain	s: (if painting or staining, please	e attached a sample of the	ne color that will be used)	
	ase describe the location of the pexplain the intent of the project.)		de drawings and measureme	ents or
	dditional supporting documenty permit unless the permit is att	*	not be able to review any pr	rojects
co ch lin ex to	approved, I agree to manditions specified in the anges will be made on les. I un-derstand that the pire after 6 months. Wor be reviewed in a new requipolicant's Signature:	letter of approval my property or w he ARB approval k after the 6 mon	l. I affirm that all vithin my property that I receive will	

Please submit the completed request to the HOA office. You are welcome to mail or email the request. The contact information for the HOA office is on the front of this page.