

EAGLERIDGE ESTATES HOMEOWNERS ASS'N
DESIGN REVIEW COMMITTEE
IMPROVEMENT REQUEST FORM

FOR DRC USE ONLY

Date rec'd. _____

Eagleridge, Lot ____ Blk ____

Name: _____

Address: _____

Home phone: _____ Work phone: _____

My request involves the following type of improvement(s):

- New Home Construction Landscaping Deck/Patio Slab Roofing Basketball Hoop Painting
 Driveway/Walk Addition Patio Cover Room Addition Fencing Play Equipment Air Conditioner
 Satellite Dish Ancillary Unit Storage Shed Detached Garage Other

Describe Improvements:

Attachment (s):

Planned Completion Date: _____

I understand that I must receive approval of the Design Review Committee in order to proceed.
I understand that DRC approval does not constitute approval of any local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval.

Date: _____

Homeowners/Builders Signature: _____

DRC Action:

Approved as submitted

Approved subject to the following conditions*:

Disapproved for the following reasons*:

Completion required by: _____

DRC Member Signature: _____ Date: _____

DRC Member Signature: _____ Date: _____

DRC Member Signature: _____ Date: _____

**EAGLERIDGE HOME OWNERS ASSOCIATION
DESIGN REVIEW COMMITTEE
PLAN REVIEW SUMMARY**

Date plans recv'd _____
Date reviewed _____
Date of plans _____
Revision # _____
Date Returned _____

Applicant: _____

Address: _____ Lot # _____ Block # _____

Architect: _____

DRC Action: reasons*: Approved as submitted Approved subject to the following conditions*: Disapproved for

Site plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colors			
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone/brick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRC Member Signature: _____ Date: _____

DRC Member Signature: _____ Date: _____

DRC Member Signature: _____ Date: _____

* Additional comments may be noted on attachment if necessary