

KIPLING ESTATES HOMEOWNERS ASSOCIATION

Architectural Review Committee – Plan Approval Request

DATE SUBMITTED _____

ARC Log Number _____

Each homeowner project requires a separate request form. I understand the preliminary approval may take up to thirty (30) days from the time my submission has been received by the Committee. I am requesting permission for the following construction or installation. Please circle and describe below:

Landscaping, Sidewalk, Driveway, Patio, Retaining Wall, Deck, Fire pit, Hot Tub, Pool, Exterior Lights, Satellite Dish, Solar Panels, Play Equipment, Exterior doors, Windows, Roof, Shutters, Siding, Gutters, Flagpole, Garbage Can Enclosure, Mailbox, Fence, (Max. Height 5 Feet, No Privacy Fences - must have 1" Spacing)

Note: (1) Attach color samples when applicable and (2) Additional restrictions may apply based on address. Describe:

As required, I have attached a copy of the Plat of Survey, with a drawing of my request shown on the plat and a copy of the contractor's plans and material list/samples. Please indicate who will be completing the work: ☐ Contractor ☐ Homeowner

Neighborhood, please circle one: Butterfield Ridge, Callaway Glen, Galway, St. Andrews

Name: _____ Phone # _____

Address: _____

E-MAIL ADDRESS: _____

☐ Provisional approval has been granted for the use and location as submitted. Approval does not constitute any review or approval as to the adequacy or sufficiency of the design of the structure itself. It is recommended you obtain a certificate of insurance and contractor's license number, if applicable, from your contractor. ***It is the responsibility of each homeowner, or their contractor, to contact the Village of Shorewood for any required permits and JULIE to locate utilities.*** All work must be in compliance with all state and local requirements. This approval will expire six months after date of provisional approval.

☐ The following conditions shall apply:

☐ Your plans cannot be approved at this time for the following reason(s):

For Office Use Only: Homeowner is current on dues: __ yes / __ no _____ initial.

Committee Signature(s): _____

Date Provisional Approval Granted: _____ Date Scanned: _____

Date Homeowner Informed of Approval: _____ Initial: _____ Via: ____email / ____ call

Date Final Approval/Completed/Inspected: _____ Initial: _____

**Return form with required information to Kipling Estates Clubhouse, 850 Wynstone Drive.
Contact office when completed for inspection and final approval. Phone: 815-725-9922 Fax: 815-725-9988**