

MILL CREEK COMMUNITY ASSOCIATION
REQUEST FOR MODIFICATION - PAINTING

Homeowner Name: _____ Address: _____

E-mail: _____ Phone: _____ Date _____

IMPORTANT: The Architectural Review Committee has sixty (60) calendar days to complete review of this request and render a decision. The ARC will make every effort to respond within 10 business days. Work should commence on receipt of an approval. The decision refers to the specific request herein, and does not apply to any other lot or any other homeowner.

TYPE OF MODIFICATION(S)

PAINTING:

- Must include paint chips (labeled with appropriate location on the home to be used for)
- Images (color photo of front of home, neighboring home to the right and left)
- Detailed description of what is being painted.

Please refer to Exhibit A – House Elevation Color Reference for additional information

The ARC would like to see a palette of 3-4 colors, depending on the elevation of your home. Please complete all that apply.

1. Trim Color: White _____ Cream _____
2. Main Color (outside of home): _____
3. Shutters: _____
4. Door: _____
5. Accent(for shake shingles/batten board/accent): _____
6. Garage Door(s): _____

Paint Colors should match original paint colors or be earth tones. Color Palate should be in line with existing home colors of the neighborhood. Please refer to Exhibit A – House Elevation Color Reference for additional information

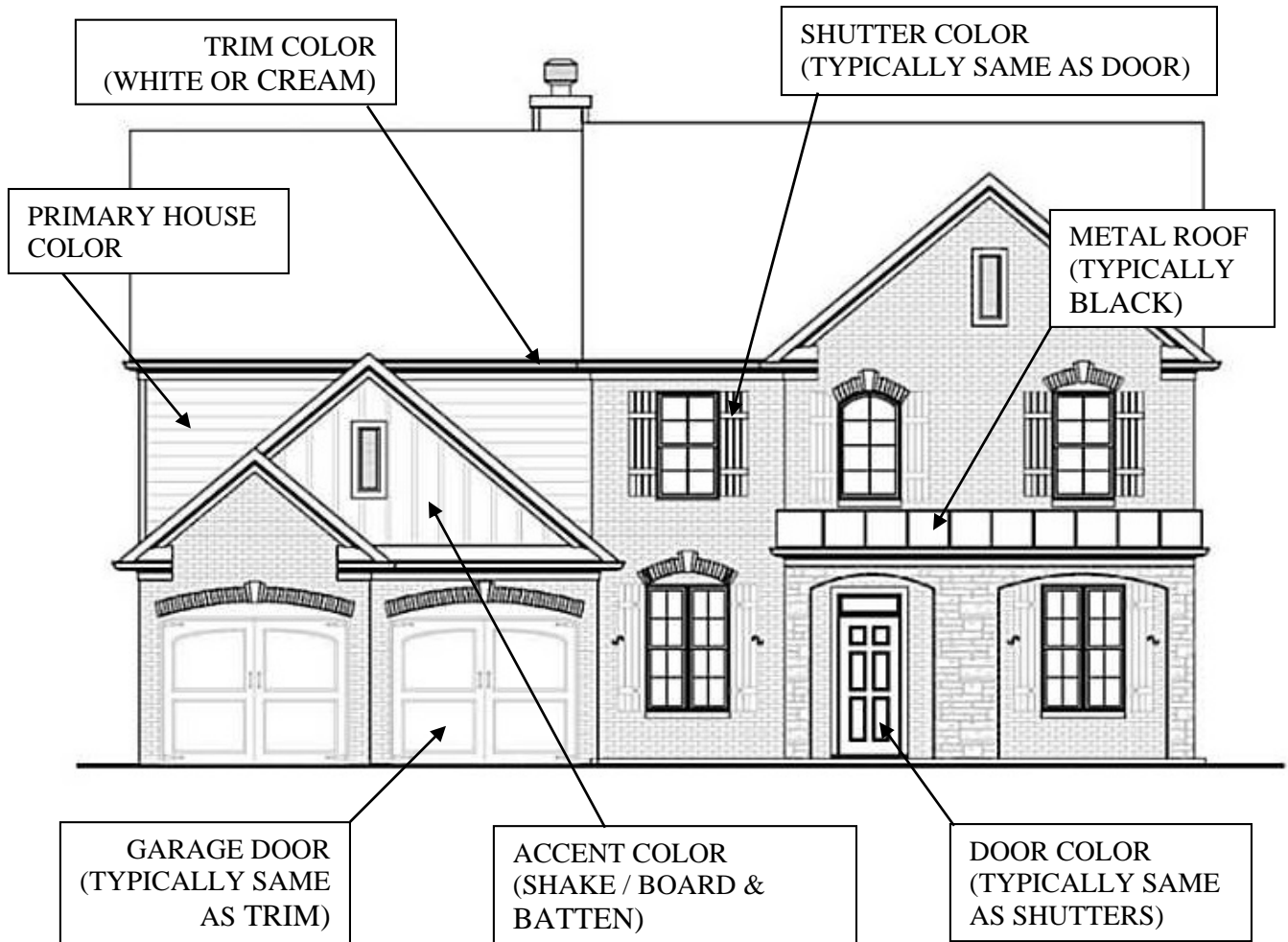
OTHER SUPPORTING INFORMATION(S):
Attach additional pages if necessary

Return to: Visit <http://millcreekhoa.org/contact> for management company contact info

ARCHITECTURAL REVIEW COMMITTEE ONLY

Date Received: _____ Date Reviewed: _____ Reviewed By: _____

Disapproved Approved Conditional Approval (explanation):



REQUEST FOR RECONSIDERATION

NOTE: This document should only be used if there is new or supporting data available to support a reversal of an ARC denial. For instance a fence is rejected for style, size, and color. The homeowner then decides to select a compliant fence. The ARC will attempt to make a determination in a timely manner, but sixty (60) days timeframe commences from receipt of the reconsideration, not receipt of the original request.

Management Company: _____ Mgmt Contact: _____

Community: _____ Lot: _____ RFM Received: _____

Customer Name: _____ Address: _____

BASIS FOR RECONSIDERATION- *Please describe reason for this request.*

Return to: Visit <http://millcreekhoa.org/contact> for management company contact info

ARCHITECTURAL REVIEW COMMITTEE ONLY

Date Received: _____ Date Reviewed: _____ Reviewed By: _____

Disapproved- Original Decision Stands

Approved- Original Decision is Overturned

Conditional Approval (explanation): _____

DON'T FORGET TO ATTACH THE ORIGINAL REQUEST!

No. _____
ARC Use only