

# Architectural Review Application Form

## AUTUMN MEADOWS HOMEOWNERS ASSOCIATION

c/o Bluestone and Hockley  
9320 SW Barbur Blvd, Suite 300  
Portland, OR. 97219  
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Date Submitted: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Modification Type:  Landscape  Construction  Other

Additional Information:

**Please include a simple foot print drawing** of where the work will be located on your lot in relation to your lot lines and home. If you plan to build any structures, please list the types of materials you plan to use, as well as the finish colors to be applied, and show the design of the structure.

***Note: All construction and installation of any improvements shall comply with local, state, and federal building and land use regulations. Compliance with these regulations is the responsibility of the homeowner. This review and approval is not a review, nor an approval, for compliance with any local, state, or federal building or land use regulations.***

***Building, electrical, or plumbing permits may be required. The determination of the necessity of any permits is the responsibility of the homeowner. Obtaining any necessary permits is the responsibility of the homeowner.***

***Changes to the proposed plan necessitated by permits or compliance with local, state, or federal building or land use laws are subject to additional review by the Architectural Control Committee (ACC).***

Please submit this application to the Management Company 30 days prior to beginning your project. The ACC will do all it can to have your application reviewed in a timely manner so as not to impede the timely completion of your project.

***Homeowner - do not write below this line***

### Architectural Review Decision

Approved  Approved with conditions  Disapproved  
**ALL LOCAL, STATE, & FEDERAL BUILDING OR LAND USE REGULATIONS MUST BE MET. (See above)**

Comments or Conditions to Approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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