

# Merrimac Homeowner's Association Architectural Approval Request Form:

It is the goal of the Architectural Review Committee to promptly respond to your architectural approval request within a 15 day period.

**Please be complete in the submission of your documents.**

**Please NOTE: that the timetable begins upon the date that your complete package is received.**

Lot #: \_\_\_\_\_ Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_, Westfield, IN 46074

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_

Contractor/Name of person performing Work: \_\_\_\_\_

## CHECKLIST OF REQUIRED DOCUMENTS FOR CONSIDERATION

You **MUST** completely fill out this application, sign it and submit **2 COMPLETE SETS** of the following with your application

1. Written description of request
2. Plot plan showing location of improvements in relation to the property lines, easements and existing structures.
3. Construction plans, blue prints and/or landscape design
4. Specific information regarding materials, colors and size
5. Any additional relevant details of the project.

In submitting attached plans, I have fully read and agree to follow all construction guidelines as set forth by the Architectural Control Committee.

I understand that ALL required documents shall be submitted before the approval process can begin.

It is further understood that **without written approval, no work or construction shall begin prior to the end of the approval period**, which begins upon the receipt of all required documents as noted above.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

## FOR ARC USE ONLY

Date Original Package Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Complete Package Received: YES or NO. If NO, Date Complete Package Received: \_\_\_\_\_

Date Request Reviewed: \_\_\_\_\_ Approval Granted: YES or NO

Conditional Approval Granted: YES or NO: Conditions of Conditional Approval: \_\_\_\_\_

Approval is denied for the following reason: \_\_\_\_\_

**Submit complete requests to: Omni Management ATTN: Carl Long  
Via US Mail: 4138 Keystone Avenue, Indianapolis, IN 46205  
Via FAX: 317-541-0002 or Via E-Mail: clong@omni-property.com**