



Architectural Review Board

Painting Submittal Form

Owner's Name: _____ Phone Number: _____

Owner's Address: _____

REMEMBER: Painting may not commence prior to the ARB approval of the project.

Exterior House Walls & Exterior Garage Door

Color Name _____ Color Number _____

Exterior Trim

Color Name _____ Color Number _____

Front Door

Color Name _____ Color Number _____

Vendor Name/Address/Telephone Number: _____

Proposed Completion Date: _____

By signing this form, the Applicant is acknowledging the requirement that a certificate of painting completion is required to be submitted prior to the painting due date listed in the ARB regulations. The certification also will require a copy of the painting vendor's paid invoice to be attached.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE ARB

Decision: _____ ARB Comments/Conditions: _____

Member Signature: _____ Date: _____