



Architectural Review Board (ARB)

PAINTING SUBMITTAL FORM

REMINDER: PAINTING MAY NOT COMMENCE PRIOR TO THE ARB'S APPROVAL OF THE PROJECT

Homeowner Name - Please Print

Address

Phone Number

Exterior House Walls & Exterior Garage Door

Color Name

Color Number

Exterior Trim

Color Name

Color Number

Front Door

Color Name

Color Number

Contractor Information

Contractor's Name

Contractor's Address

Contractor's Phone #

Estimated Start Date

Estimated Completion Date

PLEASE MAKE SURE TO FILL OUT AND SIGN BELOW

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.

Homeowner Name - Please Print

Signature

Date

Homeowner Name - Please Print

Signature

Date

ARB Decision

THIS SECTION TO BE COMPLETED BY THE ARB

Decision

ARB Comments/Conditions

Member Name

Signature

Date