

Meadowridge at Timberhill Architectural Review Form

Submit Plans to: Fleming Properties, LLC. Meadowridge at Timberhill, PO Box 805, Albany OR 97321

OWNER _____ **LOT #** _____
MAILING ADDRESS _____ **CITY** _____
STATE _____ **ZIP** _____ **DAYTIME PHONE** _____ **EVENING**
PHONE _____
E-MAIL ADDRESS _____ **FAX** _____

BUILDER (if other than Owner) _____ **LOT #** _____
MAILING ADDRESS _____ **CITY** _____
STATE _____ **ZIP** _____ **DAYTIME PHONE** _____
FAX _____
E-MAIL ADDRESS _____

APPROVAL CHECKLIST (all must be completed/attached before submittal to ARC):

- ☐ Fee received \$375 (for professional review of application - ARC will notify owner if fee is required)
- ☐ One copy of plans 11"x 17", including scaled elevations (see Sec. 9, Art. 5 of CC&Rs for rules on measuring heights), these plans will be retained in the ARC records.
- ☐ Plot Plan: Scaled - must include house, lot, driveway, street, retaining walls, grading contours and elevations (to 20' outside lot boundary).
- ☐ Siding Materials: Type _____ **Paint** _____
- ☐ Colors (include color sample/description/number) _____ **Roof** _____
- ☐ Material: Type, weight, and color _____ **Roof** _____
- ☐ Pitch: _____
- ☐ Window frame material _____ **Color** _____
- ☐ Fence Design: Material _____ Height _____ Placement integration with plat of lot and building
- ☐ Landscape Plan: Include tree preservation, required tree replacement, street trees, required screen/buffer, planting and erosion control planting on cut/fill slope (general landscape plan: - areas of turf/planting etc.)
- ☐ Plans have been submitted and are approved by City (see Conditions Checklist)
- ☐ Neighbors Notified? - Neighbors must be notified of planned additions or changes to existing home or landscape

NOTE: Architectural Review Committee policies and previous house plan approvals are available for review.

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-----**OFFICE USE**-----

Date: Application submitted _____ Additional review _____
 Construction approved: ☐ YES ☐ YES with the following Conditions _____ ☐ NO for the following reasons _____

INITIAL DESIGN REVIEW: This architectural approval is for design only. Covenants, Conditions and Restrictions, city and state building requirements and final plat specifications have priority over this approval.

Two signatures of Architectural Committee are required:

Sign _____ **Print** _____ **Date** _____ **Sign** _____

Print _____ **Date** _____ **FOLLOW-UP REVIEW:** review of plans to meet conditions applied to initial Design Approval if any.

Sign _____ **Print** _____ **Date** _____

Sign _____ **Print** _____ **Date** _____