

Beacon Place at Church Square Association

Architectural Review Application

HOMEOWNER'S NAME(S): _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ ALTERNATE: _____

- Requests from an owner with delinquent assessment accounts will be denied on the basis of the delinquency. Once the assessment is current, the Architectural Review Committee will promptly review and act on the request.
- Construction or modifications must meet all zoning requirements, building codes and laws of the City of Cleveland. For further information regarding zoning and/or construction specifications (building permits) call the City of Cleveland office of building and zoning at: 216-664-2282. In addition, nothing shall be constructed as a waiver or modification of any such code or law.
- Once approved, construction or modification must be done in a way that does not unreasonably interfere with neighboring properties.
- Where applicable, utility easements are to be marked before excavation is started. This service is provided free of charge by the utility company and is required to provide for your safety. For locations of underground telephone, cable TV, electric, gas, water and sewer lines call the Ohio Utilities Protection Service at: 800-362-2764.
- I acknowledge and agree that if I or any contractor that I have hired damages the common elements, I will be responsible for the repair or replacement cost of such damages.

Where applicable, applications should reference and/or include:

1. SITE PLANS DRAWN TO SCALE, SHOWING LOCATION, DIMENSIONS AND ORIENTATION WITH RESPECT TO PROPERTY LINES.
2. MATERIAL DESCRIPTION/SAMPLES IF AVAILABLE
3. ARCHITECTURAL DRAWINGS
4. LANDSCAPE PLANS
5. COLORS (REQUESTED)
6. PHOTOGRAPHS AND/OR PRODUCT BROCHURES

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED MODIFICATION AND IF INDICATED, ATTACH SUPPORTIVE DOCUMENTATION AS DESCRIBED ABOVE:

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

SIGNATURE: _____ DATE: _____

I UNDERSTAND AND AGREE THAT NO CONSTRUCTION OR EXTERNAL ALTERATION SHALL COMMENCE UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM THE ARCHITECTURAL REVIEW COMMITTEE. IF ALTERATIONS ARE MADE PRIOR TO NOTIFICATION OF A DECISION, I MAY BE REQUIRED TO RETURN THE PROPERTY TO ITS FORMER CONDITION AT MY OWN EXPENSE AND I MAY ALSO BE RESPONSIBLE FOR INCURRED LEGAL EXPENSES.

THE ARCHITECTURAL REVIEW COMMITTEE THANKS YOU FOR YOUR SUBMISSION AND WILL RENDER A DECISION WITHIN SIXTY (60) DAYS OF RECEIPT OF A COMPLETE APPLICATION. IN THE EVENT THE COMMITTEE FAILS TO APPROVE WITHIN SIXTY (60) DAYS AFTER PLANS AND SPECIFICATIONS HAVE BEEN SUBMITTED TO IT, APPROVAL WILL NOT BE REQUIRED AND THE RELATED COVENANTS SHALL BE DEEMED TO HAVE BEEN FULLY COMPLIED WITH.

PLEASE SUBMIT COMPLETED APPLICATION TO:

Beacon Place at Church Square Architectural Review Committee
C/O Reserve Realty Management
480 West Aurora Road
Sagamore Hills, Ohio 44067
Phone: (330) 467-0828
Fax: (330) 467-6845
Email: office@reservemgmt.com

ARCHITECTURAL COMMITTEE REVIEW USE

DATE APPLICATION RECEIVED BY ARC: _____

- APPROVED _____
- DISAPPROVED _____
- APPROVED WITH STIPULATION (Describe):

-
-
-
- APPLICATION INCOMPLETE (Describe information needed):

ARC REPRESENTATIVE SIGNATURE: _____ DATE: _____

DATE SUBMITTED TO RESERVE REALTY FOR CORRESPONDENCE: _____