HARMONY ARCHITECTURAL REVIEW FORM

	How Can We Contact You? Name Address			Please Print	
				PhoneFax	
Lot Number				Email	
Tell Us Abo		•			
·	_	ectural approval for the	• .		
☐ Basketball (Goal	Deck/ Patio	☐ Fence	Flag Pole	
☐ Hot Tub		Landscaping	Play Set	Room Addition	
☐ Satellite Dis☐ Other (desc		☐ Screened Porch	Shade Trellis	☐ Swimming Pool	
— <i>Other</i> (acce					
Priofly Doc	cribo	The Bronesed Ch	ango		
Briefly Des	edina	The Proposed Cha	ange		
Location:					
Dimensions:					
Landscape Ease	ement,	or Use Easement show	n on the plot plan for	rainage, or Sewer Easement, your lot?	
		-	ruction iviaterial	s That Will Be Used	
Be as specific	as poss	sible:			
_					
Please Note:					
 Exterior materials must conform to or be sufficiently compatible with the original 					
construction. Requests for exterior color/materials changes MUST include samples of color, stain, paint					
Requests f brick, etc.	or exte	rior color/materials ch	anges wost include	samples of color, stain, paint,	
	ted ma	terials will be retained	by the Association.	You may wish to make a copy	
		records prior to subm			
\ \ / b c + 1 c \ V = -	C -l-	adula Fau Tha Dua	io et?		
		edule For The Pro	•		
☐ Homeown	•	ormed by (check all tha	с арріу):		
		any Name:			
	•	please indicate the pro			

Harmony Architectural Review Form

Please indicate all required permits (building, etc.):					
Submittal Checklist For ALL submissions, the following items are required. you, please make sure to submit all of items.	In order to provide a quick response to				
☐ Architectural Review Form. This form.					
☐ Plot Plan for your lot. The builder at closing furnish copy, please draw the proposed changes in the local	, , , ,				
Elevations and blueprints or working drawings indicating all dimensions.					
☐ If available, a photograph or drawing of a similar co	mpleted project.				
Sign Here I hereby acknowledge that I have read and understand Board and in the Declaration of Covenants, Conditions,	,				
Homeowner's Signature:	Date:				
Harmony Owners Association Architect 645 W Carmel Dr, Suite 130 Carmel, IN 46032 For Office Use O					
Date initial application was received:	Complete?				
Date complete application was received:					
First request for additional information:	Submitted on:				
Second request for additional information:	Submitted on:				
Architectural Review Board Action					
☐ Approved as submitted.					
Approved with conditions noted below.					
☐ Disapproved. ARB Comments below.					
ADD Cignature:	Datos				