



COMMUNITY NAME: \_\_\_\_\_ HOA Received: \_\_\_\_\_

**REQUEST FOR ARCHITECTURAL APPROVAL**

HOMEOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOT #: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**The Architectural Review Committee has 30 days to review your request.  
Please wait for written approval before starting any projects.**

TYPE OF MODIFICATION:

\_\_\_\_ ADDITION    \_\_\_\_ FENCE    \_\_\_\_ EXTERIOR PAINTING    \_\_\_\_ DECK/PATIO

\_\_\_\_ OUTBUILDING    \_\_\_\_ PORCH    \_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_ LANDSCAPE MODIFICATION (DESCRIBE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Please attach a detailed description of improvements/modifications, including the following (if applicable) along with a plat map showing location of modification:

- |  |   |
|--|---|
| 1. Location  | 7. Plans/Drawings/Photo/Brochure  |
| 2. Size  | 8. Roof Design  |
| 3. Color   | 9. Exterior Finish  |
| 4. Material  | 10. Dimensions  |
| 5. Contractor  | 11. Utilities   |
| 6. Copy of Property Plat Map, with Proposed changes/ Additions shown | 12. Types of plants, quantities, addition or removal, existing or new plant bed, edge treatment |

ESTIMATED START DATE: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

**THE COMMITTEE RESERVES THE RIGHT TO REQUEST MORE INFORMATION TO CLARIFY THE REQUEST. REQUESTS FOR MULTIPLE CHANGES SHOULD BE SUBMITTED SEPARATELY.**

**NOTE: Homeowner is responsible to assure all municipal approvals are received and that all municipal and HOA covenants and restrictions are adhered to. Homeowner is responsible for any drainage areas affected by any modifications.**

**FOR OFFICE USE ONLY**

**ARCHITECTURAL COMMITTEE RESPONSE FORM**

Date Received: \_\_\_\_\_ Complete Information Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, Additional Information Required: \_\_\_\_\_  
\_\_\_\_\_

Date Notified Homeowner need additional information: \_\_\_\_\_

Date Received Complete Information: \_\_\_\_\_

Date decision made: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved with Revisions: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Revisions Required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARC Representative: \_\_\_\_\_

Notification to homeowner forwarded on: \_\_\_\_\_ by \_\_\_\_\_

## **Guidelines for Submitting an Architectural Request**

In order to submit a request for architectural changes you must adhere to the following guidelines.

1. Fill out the attached “**Request for Architectural Approval Form.**” Please include all the requested information including but not limited to; location, size, color, building material, exterior finish, dimensions, utilities, and types of plants quantities to be used.

Include with your request a copy of your **Plat Map or Lot Survey.** You should have received this document at your closing. If you do not have a plat map, you will need to contact your county Tax Department. Please draw the location of the proposed item directly on the map.

2. You must also include a **brochure, photo, picture or drawing** of what the project will look like when it is completed.

Your request cannot be processed without all of the above information included.

**Incomplete requests will be returned to the homeowner for completion.**

IT TAKES **30 DAYS** TO PROCESS AN ARCHITECTURAL REQUEST AND RETURN A RESPONSE TO THE HOMEOWNER.

**NO PROJECT CAN BEGIN WITHOUT WRITTEN APPROVAL FROM THE ARCHITECTURAL COMMITTEE.**

Please return the first page of this document via one of the following:

Mail to: Paradigm Properties Group, Inc.

**YOUR HOA COMMUNITY**

2029 Cato Ave.

State College, PA 16801

Fax to: **(814) 308 – 9601**

Email to: [csmith@rentppg.com](mailto:csmith@rentppg.com)