

# THE BEL AIRE ESTATES HOA

## Architectural Review Board (ARB) Application

Submit Completed Forms To:  
Bel Aire Estates ARB Committee  
Email: HOABelAireEstates@gmail.com  
Phone: 702-672-1733

**Notice to Homeowners:** Approval from the Architectural Review Board is required prior to starting any exterior modification, addition, or construction. Please allow up to 30 days for review. Complete all sections below and attach required supporting plans/diagrams.

### 1. HOMEOWNER & PROPERTY INFORMATION

Property Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Lot / Unit #: \_\_\_\_\_  
Phone (Primary): \_\_\_\_\_ Email Address: \_\_\_\_\_

### 2. PROJECT CATEGORY

- |                                                              |                                                  |                                               |                                                   |
|--------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fence (Installation / Modification) | <input type="checkbox"/> Deck / Patio / Porch    | <input type="checkbox"/> Paint / Color Change | <input type="checkbox"/> Roofing Replacement      |
| <input type="checkbox"/> Landscaping / Tree Removal          | <input type="checkbox"/> Swimming Pool / Hot Tub | <input type="checkbox"/> Shed / Outbuilding   | <input type="checkbox"/> Solar Panels / Skylights |
| <input type="checkbox"/> Driveway Extension / Pavers         | <input type="checkbox"/> Exterior Lighting       | <input type="checkbox"/> Retaining Wall       | <input type="checkbox"/> Other (Specify Below)    |

### 3. DETAILED PROJECT DESCRIPTION & MATERIALS

Describe proposed changes, dimensions, materials, colors, and exact property location:

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Contractor Name: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_  
Estimated Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_

### 4. REQUIRED SUBMISSION ATTACHMENTS

Applications missing required documentation will be deemed incomplete and returned without review. Please check included items:

- |                                                                                                                 |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Plot Plan / Site Survey:</b> Marking exact modification dimensions & property lines | <input type="checkbox"/> <b>Material Samples / Paint Swatches:</b> Manufacturer colors & spec sheets |
| <input type="checkbox"/> <b>Architectural Drawings / Elevation Plans:</b> For structural additions              | <input type="checkbox"/> <b>Contractor Proposal / Scope of Work:</b> Detailed project overview       |

### 5. HOMEOWNER ACKNOWLEDGMENTS & AGREEMENT

By signing below, the Homeowner agrees that: (1) No work shall commence until written approval is received from the ARB. (2) All work will comply with local building codes, county regulations, and Bel Aire Estates HOA Covenants, Conditions, and Restrictions (CC&Rs). Obtaining necessary municipal permits is the sole responsibility of the owner. (3) Construction must be completed within 90 days of approval unless otherwise specified. (4) Homeowner is responsible for any damage caused to common areas or neighboring properties during construction.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. ADJACENT NEIGHBOR AWARENESS (IF APPLICABLE)

Neighbor signatures indicate awareness of the proposed project only and do not constitute formal approval or disapproval by the committee.

|                        |                |                  |
|------------------------|----------------|------------------|
| Neighbor 1 Name: _____ | Address: _____ | Signature: _____ |
| Neighbor 2 Name: _____ | Address: _____ | Signature: _____ |

**ARCHITECTURAL REVIEW BOARD — OFFICIAL ACTION (FOR OFFICE USE ONLY)**

**Date Received:** \_\_\_\_\_ **Application #:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_

☐ **APPROVED**                      ☐ **APPROVED WITH CONDITIONS**                      ☐ **DENIED**                      ☐ **INCOMPLETE**

**Board Comments / Required Conditions / Reason for Denial:**  
\_\_\_\_\_  
\_\_\_\_\_

**ARB Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_