## REQUEST FOR ARCHITECTURAL CONTROL REVIEW

Please read the architectural guidelines in your governing documents before planning any project and submitting for architectural control review. This application should be completed in full to avoid delays in the approval process. Please allow at least 30 days for processing.

Name of Owner(s):				
Property Address:				
Subdivision:				
Date: Daytime Phone:				
Email Address:				
How would you like to receive your approval and/or denial letter for this project?	☐ Mail ☐ Email			
Approval is hereby requested for the following modification(s), addition(s), and/or alterations as described below & on the attached pages:				
Nature of Improvement / Modification:				
Color of Improvement / Modification (if applicable):				
Name of Contractor (if applicable):				
Estimated Start Date: Estimated Completion Date:				
Is this a re-submittal? ☐ Yes ☐ No				
T. ( )	*			
The following items are required to be submitted with this Request for Architectural Control Review. Failure to submit the required documents may delay the processing of your request.				
□ Plot Plan showing the proposed location of the improvement on your lot □ Material List □ Photo/Drawing of what completed project will look like □ If your request is for a deck and/or fence - please also complete the attached Deck/Fence Request Form □ If your request requires a variance from the governing documents, please also complete the attached Variance Request Form.				
Approval of this application by the Board of Directors/Architectural Control Committee is based solely on the aesthetics of the improvement. It is the owner's responsibility to obtain the necessary permits from the appropriate Building and Zoning Dept(s). I understand that work cannot be started until Approval is received from the Board of Directors/Architectural Control Committee.				
Homeowners Signature:				
Please send completed Request for Architectural Control Review Fo	orms to Omni Management Group, LLC			
Mail:1670 Bryan RoadEmail:HeDardenne Prairie,MO 63368Fax: 636-2	lpdesk@Omni-Management.com 294-5594			
For Office Use Only - Please Do Not Write Below This Line				
Date Received: Is Additional Information Required From				
Reviewed by Community Manager: Date Sent to BOD/ACC for	Review:			
Date Approved/Disapproved by BOD/ACC: Letter Sent	::			
Comments:				

## **DECK/FENCE REQUEST FORM**

This form only needs to be completed if you are planning a deck and/or fence project. Please complete this application in full to avoid delays in the approval process.

Dimensions: Length Width Height  Deck Material (Cedar/Composite/Treated/etc):  Deck Material Color:  Description/Additional Comments:  FENCE CONSTRUCTION - MATERIAL LIST AND ADDITIONAL INFORMATIO  Picket Width:  Picket Spacing:  Fence Height:  Fence Material	DECK CO	DNSTRUCTION - MATERI	AL LIST AND ADDITIONA	L INFORMATION
Description/Additional Comments:	Dimensions:	Length	Width	Height
Picket Width:  Fence Height: Fence Material	Deck Material (Cedar/C	Composite/Treated/etc):		
FENCE CONSTRUCTION – MATERIAL LIST AND ADDITIONAL INFORMATIO  Picket Width:  Picket Spacing:  Fence Height:  Fence Material	Deck Material Color: _			
FENCE CONSTRUCTION – MATERIAL LIST AND ADDITIONAL INFORMATIO  Picket Width:  Picket Spacing:  Fence Height:  Fence Material	Description/Additional	Comments:		
FENCE CONSTRUCTION – MATERIAL LIST AND ADDITIONAL INFORMATIO  Picket Width:  Picket Spacing:  Fence Height:  Fence Material				
FENCE CONSTRUCTION - MATERIAL LIST AND ADDITIONAL INFORMATIO  Picket Width:  Picket Spacing:  Fence Height:  Fence Material				
Picket Spacing:  Fence Height:  Fence Material				
Picket Spacing:  Fence Height:  Fence Material				
Fence Height: Fence Material	Picket Width:			
Fence Material				
	Description/Additional	Comments:		

Please send completed Variance Request Forms to Omni Management Group, LLC

Mail: 1670 Bryan Road
Dardenne Prairie, MO 63368

 $\underline{\textbf{Email}} : Helpdesk@Omni-Management.com$ 

Fax: 636-294-5594

## **VARIANCE REQUEST FORM**

Property Address:	Lot #:
I am requesting a variance from the covenants, condition community.	ons and/or rules as contained within the Declarations and Bylaws for my
The variance I am requesting is as follows:	
The reason or justification for the variance I a	
Owners Signature:	Date:

Please send completed Variance Request Forms to Omni Management Group, LLC

Mail: 1670 Bryan Road Dardenne Prairie, MO 63368 <u>Email</u>: Helpdesk@Omni-Management.com <u>Fax</u>: 636-294-5594