

## Meadow View Park Change Request Form (CRF)

**Instructions:** Please submit two copies of this completed form to any member of the Architectural Control Committee (ACC) for review at least one week prior to monthly ACC meeting and at least two weeks before needing approval. Rules for property changes are detailed in the MVP CC &Rs which are also posted on the MVP HOA Website.

**Procedure:** The ACC meets as needed to review any submitted Change Request Forms. Upon receipt, the ACC will determine the completeness of the application and make a determination to present to the Board for approval or disapproval. If required, any recommended changes to the CRF. CRFs will then be reviewed by the Board at their next meeting and approved or disapproved. (This process can be expedited if necessary and if circumstances allow.)

**It is the responsibility of the homeowner to allow adequate time for the ACC and Board to make a determination for each CRF. Incomplete CRFs will be returned to the homeowner and will not be considered until complete. Any work performed that deviates from an approved CRF or any work that begins before obtaining Board approval in writing on a submitted CRF is subject to Board action as outlined in the MVP CC&Rs and Bylaws.**

Date Received by ACC: _____	ACC Member Name: _____
Date Reviewed by ACC: _____	Recommendation: (circle one) Approve    Reject
Date received by Board: _____	Board Determination: Date: _____
Approved (signature): _____	Disapproved (signature): _____
Date returned to Home Owner: _____	

### Part 1: Homeowner Project Information

<b>Homeowner's Information:</b>	
Name(s): _____	
Address: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email Address: _____
<b>Project Information:</b>	Anticipated project start date: _____
Please summarize the scope of the project. Include information about the materials to be used, location and dimensions of the project, paint color selections, etc. Please attach bid proposals, drawings, brochures, plans, or any other information that may be helpful. Consult CC&Rs for further information and guidelines. <b>Attach additional pages as needed</b>	

**Affected Neighbors:**

Please discuss your project with any neighbors who may be affected by your project. Please have them print their name, address, phone number and initial in the space provided. Neighbors are welcome to comment in the space provided.

Neighbor #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am aware of this project and give / do not give (circle one) my support.

Initials: \_\_\_\_\_

Comments:

Neighbor #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am aware of this project and give / do not give (circle one) my support.

Initials: \_\_\_\_\_

Comments:

Neighbor #3:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am aware of this project and give / do not give (circle one) my support.

Initials: \_\_\_\_\_

Comments:

Neighbor #4:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am aware of this project and give / do not give (circle one) my support:

Initials: \_\_\_\_\_

Comments:

Neighbor #5:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am aware of this project and give / do not give (circle one) my support.

Initials: \_\_\_\_\_

Comments:

Homeowner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Part 2: MVP ACC and Board to Complete

**Instructions:**

**(ACC): Review CRF for completeness and conformity to established CC&Rs and ACC guidelines. Complete the box below with comments and recommendation. Forward to the MVP Board within five business days.**

**MVP Board: Make Final Determination and return one copy to the homeowner and the second copy to the MVP Board Vice President.**

**ACC Review**

ACC Member 1: \_\_\_\_\_ Date: \_\_\_\_\_

ACC Member 2: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

ACC Recommendation to Board:(circle one):      Approve                  Reject

**HOA Board Final Determination**

Project is (circle one):      Approved                  Denied                  Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Form returned to homeowner (circle one):      Via Mail:       In Person:       Date: \_\_\_\_\_

Additional copy retained by MVP Board Vice President.

COMMENTS: