

Meadow View Park Change Request Form

Instructions: Please submit *two copies* of this completed form to a member of the Meadow View Park (MVP) Architectural Control Committee (ACC). Information about current members can be found at www.meadowviewpark.org. If an ACC member is not available, please submit to a MVP Board member.

Part 1: Homeowner/Project Information

Homeowner's Information:

Name(s): _____

Address: _____

E-Mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date Submitted: _____ **Anticipated Project Start Date:** _____

Project Information:

(Please summarize the scope of the project, include information about the materials to be used, location and dimensions of the project, paint colors, etc. Please attach any drawing or plans that may be helpful and samples of paint color selection.):

Affected Neighbors:

(Out of consideration for your neighbors, please discuss your project with any who may be affected by your project. If possible, please have them print their name, address, e-mail address, phone number and initial in the space provided.)

Neighbor #1: Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
I am aware of this project. Initials: _____

Neighbor #2: Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
I am aware of this project. Initials: _____

Neighbor #3: Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
I am aware of this project. Initials: _____

Neighbor #4: Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
I am aware of this project. Initials: _____

Neighbor #5: Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
I am aware of this project. Initials: _____

Homeowner's Signature: _____ **Date:** _____

Part 2: MVP ACC Member to Complete

Instructions: Complete one box below with comments and recommendation. Forward to next MVP ACC member within two business days (if there is a delay, please note reason and keep homeowner informed). The project must be approved by a minimum of two MVP ACC/MVP Board members. The last reviewer must complete the Final Determination box then return one copy to the homeowner and the second copy to the MVP Board Vice President. (Per the CC&Rs, this form must be returned to the homeowners no later than 30 days after submittal.)

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Reviewed by: _____ **Date:** _____

Comments:

Recommendation (circle one): Approved Denied

Signature: _____

Final Determination

Project is (circle one): **Approved** **Denied**

Date: _____

Completed by: _____ **Signature:** _____

Form returned to homeowner (circle one): **Via Mail** **In Person** **Date:** _____

Additional copy retained by MVP Board Vice President.

