

The Bridges at Shadow Glen Owners Association Architectural Review Control Request Form

In accordance with the Association's documents and Architectural Review Procedures and Guidelines, I hereby apply for written approval to make the following exterior alterations or changes to my property.

Request Date: _____

Owner's Name: _____

Owner's Address: _____ Lot # _____

Home Phone Number: _____ Work Phone Number: _____

E-Mail: _____ Fax Number: _____

*This form reflects the most often requested approval types. If you do not see a category that matches the nature of your request, please use the **Other Feature** section for your request.*

Roofing Brand: _____ Material: _____ Color: _____ Style: _____

(A product sample is required with this application.)

Exterior Color: Brand: _____ Color # and Name: _____

(A color sample is required with this application.)

Fencing: Location: _____ Type: _____ Material: _____ Color: _____

(A lot layout showing the location of proposed fencing along with a diagram of the fencing type is required with this application.)

Shed: Location: _____ Type: _____ Material: _____ Color: _____

Size: _____ Roof Type: _____ Height at Eaves: _____ Roof Pitch: _____

(Shed materials and color must be the same as the body of the home. A lot layout showing the location of the proposed shed along with a picture of the shed type is required with this application. Depending upon the height and placement, you may be requested to notify neighbors affected by the proposed installation for their approval. Please note: Many municipalities require building permits for the installation of sheds. Please check with your local building department to ensure your product meets the city codes, and that your placement is not on any existing easements.)

Play Equipment/Swing Sets: Location: _____ Material: _____

Color: _____ Canopy Color: _____ Size: _____ Height: _____

(A lot layout showing the location of the proposed play equipment along with a picture of the product is required with this application. Depending upon the height and placement, you may be requested to notify neighbors affected by the proposed installation for their approval.)

Landscaping: Tree type: _____ Location: _____

Planting Size: _____ Mature Size: _____

(A lot layout showing the location of the proposed mature tree installation is required with this application. Please note: Large trees may be deemed a nuisance and vision/view blocker to adjoining neighbors when they are full grown. You may be requested to notify neighbors affected by the proposed installation for their approval.)

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Decks/Gazebos/Pergolas/Hot Tubs: Location: _____ Size: _____
Color: _____ Height at Eaves: _____ Height off Ground: _____ Material: _____

(A lot layout showing the location of the proposed deck/gazebo/pergola along with a picture and a cross section view of the structure is required with this application.)

Satellite Dish: Location: _____ **Height off Ground** _____

(Installation shall be on the rear of the structure or other location that minimizes visibility from the street or front of the residence) A lot layout showing the location is required to be included with this application

Other Feature: Feature Description: _____
Location: _____ Color: _____

Size: _____ Height: _____ Material: _____

(A lot layout showing the location of the proposed feature along with a picture of the item is required with this application.)

Additional Information: _____

Owner Signature: _____

Important Note: The Architectural Review Committee is not responsible for determining compliance with structural and building codes, solar ordinances, zoning codes or any other governmental regulations, all of which are the responsibility of the applicant. It is the applicant's responsibility to check with the local building department, and to also insure that the improvements do not impact existing easements or extend outside boundary lines of the Property.

It is the applicant's responsibility to protect all elements inside the Association easements, and to return any area disturbed by the installation of a modification to the same standards as previously existed. Upon completion of the improvement, the Association shall review and determine that the installation is in compliance with the approval provided. If the improvements are deemed incomplete or further work is necessitated, applicant shall be provided with a deadline for the completion of the work. If improvements are not completed to the satisfaction of the Association within the timelines provided, the Association may impose penalties until completion occurs.

All Architectural Review Control Request Forms will be reviewed within 30 days of receipt by the Committee. A copy of the completed request signed by a committee member will be mailed to Owner's home address unless another form of notification is requested by Owner.

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Architectural Review Committee Decision:		
Approval <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>
ARC requirements or comments on application (if any): _____		

Architectural Review Committee Member Signature: _____		
Date: _____		
As-Built Inspection Approval _____		
DATE: _____		

Send Request To:

The Bridges at Shadow Glen Owners Association
c/o Bridges at Shadow Glen LLC
63088 NE 18th St, Ste 100 Bend OR 97701
Phone (541) 385-6762 • Fax (541) 385-6742