

Hillcrest Village Design Advisory Board Request Form

Property Owner _____ Date Submitted _____

Street Address _____ Phone _____

THE OWNER IS URGED TO REVIEW THE HILLCREST DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS DATED (MONTH, DAY, YEAR), TO ASSURE THAT THIS REQUEST CONFORMS. **Have you shared your plans with your neighbors?** Work shall not commence until approval is received.

Signature _____

Work performed by Contractor/self (Name) _____

Request to include:

- 1. Plans, drawings, pictures, brochures, etc.
- 2. Show location of proposed work in relation to house, roadway and neighbors.
- 3. Show landscape changes if alteration requires concealment from the roadway and/or adjoining properties.
- 4. Color or material sample attached. Yes _____ No _____
- 5. Show proposed landscaping changes.
- 6. If overnight parking request, indicate reason and duration.

Description of Request (Use back if necessary):

This request was APPROVED _____

DISAPPROVED _____

By a majority vote of the Design Advisory Board on _____

COMMENTS _____

This approval expires 90 days after the approval date. All work must be completed within 90 days unless a written DAB extension has been granted

Contractor signs may be displayed while work is being performed. The contractor is limited to one sign, 30 inches x 30 inches. The sign must be removed once the project is completed.

.....
FOR DAB COMMITTEE USE ONLY

Received on _____ Request Number _____ (yyyy-nn)

_____ Approved _____ Disapproved DAB Member _____ Date _____

_____ Approved _____ Disapproved DAB Member _____ Date _____

_____ Approved _____ Disapproved DAB Member _____ Date _____

_____ Approved _____ Disapproved DAB Member _____ Date _____

_____ Approved _____ Disapproved DAB Member _____ Date _____

Homeowner notified _____

Returned to owner for additional information _____

Resubmitted to the DAB by owner _____

Original to DAB files
Copy to owner

(month, day, year)