

ATTACHMENT 4
CONCEPT APPLICATION FOR HOME MODIFICATION
RANCH VIEW TERRACE ARCHITECTURAL REVIEW BOARD

DATE OF APPLICATION:

NAME OF APPLICANT(S)/OWNERS:

SIGNATURE OF APPLICANT/OWNER:

ADDRESS OF PROJECT/PROPERTY:

BRIEF DESCRIPTION OF PROJECT SCOPE: (attach rough sketch if possible)

INTERIOR MODIFICATIONS	Yes	No
EXTERIOR MODIFICATIONS	Yes	No
ADDITIONAL LIVING SPACE/SQUARE FEET If yes, estimated square feet additional	Yes	No

BUDGET ESTIMATE OF PROJECT:

DO YOU INTEND TO SEEK ARB APPROVAL FOR THIS MODIFICATION AS A CAPITAL IMPROVEMENT? (TO ADD COST OF PROJECT TO VALUE OF YOUR HOME.)

Yes

No

PROJECT TO BE DESIGNED BY (if known at present time):

Licensed professional Yes No

Name and Address: