

# MEADOWS OF BLACKHAWK ASSOCIATION, INC.

## ARCHITECTURAL REVIEW COMMITTEE APPROVAL APPLICATION

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

Hm Ph: \_\_\_\_\_

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

Wk Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

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### 1. Approval Requested *(Please check one)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fence Replacement (Exact) | <input type="checkbox"/> Landscaping, Walkways      | <input type="checkbox"/> Room/Garage Addition |
| <input type="checkbox"/> Fence - NEW               | <input type="checkbox"/> Irrigation                 | <input type="checkbox"/> Playscape            |
| <input type="checkbox"/> Deck or Patio             | <input type="checkbox"/> Pool                       | <input type="checkbox"/> Solar                |
| <input type="checkbox"/> Deck/Patio Cover          | <input type="checkbox"/> Storage/Accessory Building | <input type="checkbox"/> _____                |

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### 2. Please Describe Project: \_\_\_\_\_

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### 3. Provide plans and specifications to depict the work to be undertaken *(Submit all, as applicable):*

- REQUIRED - A plot plan showing the location and dimensions of the existing and proposed improvements. Your application WILL NOT BE REVIEWED WITHOUT A PLOT PLAN. You can find this in your closing documents for your home.**
- Structural design, exterior elevations, exterior materials, colors, textures, and shapes of all improvements to be made
- All exterior illumination including location and method of illumination - No "wash over" of lighting to adjoining property or common areas is permitted
- Existing and finished grades at lot corners and at corners of proposed improvements
- Provision for drainage with cut and fill detail if change in lot contour is involved

**Note: The committee has 30 days to review the application. The time clock on this does not start until you have received an acknowledgement that all the requirements for review have been received and the application is complete.**

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### 4. Neighbors Signatures (Required)

### Address

_____	_____
_____	_____
_____	_____
_____	_____

**5. Variance:**

Are you requesting a variance in conjunction with this application (e.g. a variance from setback requirements, height limitations, or other restrictions outlined in the covenants)?  Yes  No

If yes, please provide information describing why a variance is warranted in this situation: \_\_\_\_\_

\_\_\_\_\_

(The Association restrictions require all variances to be filed with the county. The cost for the Association attorney to draft the variance and file with the county is \$200).

**6. Notice to Applicant:**

The authority of the Architectural Review Committee ("ARC") is derived from Article 6.1 of the Declaration of Covenants, Conditions and Restrictions (CCRs) which states "No improvement shall be commenced, erected, constructed, placed or maintained upon any Lot, nor shall any exterior addition to or change or alteration therein be made until the Plans and specifications therefore shall have been submitted to in accordance herewith and approved in writing by the Architectural Review Committee.

Applicant acknowledges that all improvements must be construction in accordance with the Design Guidelines set forth in Sections 3.1 to 3.11 of the CCRs in addition to any guidelines or rules adopted by the Association or ARC from time to time. In addition, all improvements must be constructed in accordance with the laws, rules, regulations, and building codes of governmental authorities having jurisdiction. Approval of this application does not constitute approval by any governmental authority.

Approval of this application does not give Applicant the right to enter upon the property of any other owner or the common area in order to perform the construction contemplated by this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**(Emailed submittals shall be considered e-signed by the homeowner; said emails shall be retained)**

**SUBMIT THIS APPLICATION TO:**

Celeste Schulz office 512-852-7922 fax 512-346-4873 MOBManager@GoodwinTX.com  
c/o Goodwin Management, Inc. 11149 Research Blvd., Suite 100 Austin, TX. 78759

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**For MC Use Only -** \_\_\_\_\_  
Signed Print Name

\_\_\_\_\_ Application Approved Date: \_\_\_\_\_

\_\_\_\_\_ Application Approved with the following conditions: Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Application Disapproved at this time with the following comments: Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_