

Soaring Height Owners Association Design Review Request

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____
Soaring Heights Address: _____
Email: _____

Describe request:

All requests should be detailed and include drawings, specifications, schematics, etc. for proper evaluation, as detailed in Appendix A "Design Review Guidelines", Pg. 3, Section IV

Planned Completion Date: _____

I understand that I must receive approval of the SHOA Board in order to proceed. I understand that SHOA Board approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I understand that my improvements must be completed per specifications or approval is withdrawn. **REMINDER: Construction vehicles/equipment must be parked to allow for aircraft to pass at all times (25 feet or more from roadway centerline).**

Date: _____ Homeowner's Signature: _____

SHOA Action:

- Approved as submitted
- Approved subject to the following requirements:
- Disapproved for the following reasons:

SHOA Board Signature: _____ Date: _____