

# PROVIDENCE MANOR HOMEOWNERS' ASSOCIATION DESIGN REVIEW APPLICATION

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## WHEN DO YOU FILE A DESIGN REVIEW APPLICATION?

An application form must be submitted for any change or addition to the exterior of your building or grounds. If in doubt about your particular project, contact Amity Associates Inc at 513-459-7100.

## WHAT IS THE OBJECT OF THIS FORM?

The object of requiring a Homeowner to file an improvement application with the Board is two fold:

1. To ensure that your planned improvement conforms to the Association's Declaration, enhances the beauty of the Community, maintains the architectural harmony of the Community and in no way inconveniences your fellow homeowners.
  2. To enable the Association to determine what information and assistance it can give in order to expedite completion of you planned improvement.
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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Renter: \_\_\_\_\_

Type & Nature of Requested Improvement (diagram or picture of improvement required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Color: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Supplies: \_\_\_\_\_

A **SCALE** drawing of all improvements must be submitted and attached to the application to show the exact location and dimensions in relation to your lot lines and home location.

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I understand the rules concerning the proposed improvement. This improvement in no way encroaches on a neighbor's property or common ground. I agree to abide by the rules established by the Association and will be solely liable for any upkeep required by the addition of this improvement.

I further agree to obtain all licenses and/or building permits and to meet all legal requirements for building codes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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### FOR ASSOCIATION USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

Special details or provisions for approval: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Submit to the fax number or address below:  
PO Box 747 ♦ Mason, OH 45040-0747  
Phone: 513.459.7100 b ♦ Email: AA15134597100@gmail.com