



**Architectural Review Board Application
Abbreviated Review**

Application Date: _____

Project Address: _____

Applicant: _____

Applicant's Address: _____

Email: _____ Phone: _____

Property Owner: _____
(If different from Applicant)

District: **PHD** **NHPD** **OEHPD** **PHBD** **GCD**

There is a \$25 Application Fee for the following project types:

____ Change of Paint Color(s) Body: _____

Trim: _____

Accent: _____

____ New/Replacement Sign(s) Sign Type: _____

Dimensions: _____

Colors: _____

____ Minor Deviation to an Approved Project / Change of Roofing Material Description: _____

(Office Use)

This request was reviewed and meets the criteria for an Abbreviated Review.

ARB Secretary Signature

Date

This request was reviewed and approved by the following members of the Architectural Review Board:

Comments: _____

Architect Signature / Date

Comments: _____

UWFHT Representative Signature / Date
