

RIVER ROCK PROPERTY OWNERS ASSOCIATION
Architectural/Landscape Quick Request Form

Received: _____

Note: This form is **ONLY** for paint color changes, yard light approval, boulevard tree planting, and other simple property improvements. **ALL** other requests will need a full Architectural Landscape Review Form submitted. Please complete this request form and submit for approval prior to any changes made to property. All covenants apply. Incomplete applications may result in a delay.

Name: _____ Phone: _____

Property Address of Construction: _____ Mailing Address: *(if different)* _____

_____	_____
_____	_____
_____	_____

Email Address: _____

Description of Changes:

Request	Structure/Location of Change	Details
Paint Color		
Boulevard Trees**		
Yard Light**		
Other**		

**Please include a picture or drawing of the proposed change.

For Office Use Only:	
River Rock Zoning Area	
River Rock Architectural Control Area	

River Rock Covenants, Article VIII-Architectural Controls

Start Date: _____

Completion Date: _____
 (Not to exceed 12 months from approval date)

I understand and agree that:

1. No work shall commence until written approval from the RRPOA Board has been received.
2. I understand approved plans cannot be altered during construction. A change request form will need to be submitted for approval before commencing with construction. (Change Request Form can be obtained at the RRPOA office at 240 North River Rock Drive.)
3. All Applicable Covenants Apply (available online www.riverrockpoa.org)

SIGNATURE: _____
 Owner

 Date

NAME: _____

DATE: _____

Property Address: _____

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APPROVED BY COMMITTEE DATE: _____

DISAPPROVED

Incomplete Submittal

Require Additional Information: _____

CONDITIONAL APPROVAL

It is the property owners' responsibility to know where their property lines are and maintain proper setbacks per covenants and local zoning.

ARCHITECTURAL REVIEW RRPOA BOARD SIGNATURES:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

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Once your project is complete, please contact our office to have your completed project reviewed for compliance of approved application.

Employee Signature

Date

COPY TO OWNER
ORIGINAL TO RRPOA FILE