



EAGLE BEND NORTH HOMEOWNERS ASSOCIATION

FORM #1 APPLICATION FOR PRELIMINARY DESIGN REVIEW

Include two (2) sets of drawings and Architectural Review fee in the amount of \$250.00 per unit made payable to “Eagle Bend North Architectural Fund”

Date Prepared _____ Date Received _____

Lot # _____ Street Address _____

If owner is not making submission, complete “Owner Authorization Form” (Appendix #1) to authorize a designee to act as agent on behalf of owner.

Name - Address - Phone Number for:

Owner:

Contractor:

Architect:

Landscape Architect:

Surveyor:

Signed: _____ Date _____
Owner or Authorized Agent

It is understood and agreed that this “Preliminary Design Approval” when granted shall be for a period of twelve (12) months from the approval date hereof. If “Construction Document Approval” is not granted within said twelve (12) month period, this “Preliminary Design Approval” will be forfeited.

PRELIMINARY DESIGN:

Approved _____ Rejected _____

Comments:

Signed: _____ Date _____
Architectural Control Committee

*Note: If the preliminary review process is completed without major plan revisions or negotiations this fee will be refunded.