1129 NE Kenwood Dr. • Lee's Summit, MO 64064 • www.lakeridgemeadows.org

ARCHITECTURAL REVIEW APPLICATION

Please make sure you read the ARB Guidelines before submitting this application. ARB Guidelines may be found on our website or by contacting CAM. Homeowner is responsible for making sure the project is in compliance with all laws, codes and ordinances. If filling this form out by hand, please print clearly. If approved, approval is valid for 90 days from date of approval. If work is not started within 90 days, a new application must be submitted.

Name		Lot #	Date
Address			
Home Phone	Mobile/Work Phone		
Email Addres	SS		
Please select	t a project/plan and provide a description. Att	ach additional docui	mentation if needed.
☐ PAINT:	Include paint swatch(es)* Paint Manufacturer:		
	Main Paint Color:	Trim Color:	
	Shutter Color:	Door Color:	
*Color must	st be from approved list. Approved paint color list is available on c	our website. Asterisked color	s are not allowed for Main Paint Color.
☐ FENCE:	Include a drawn fence layout on the landscap	e plan or survey.	
	Fence Height:	Fence Color:	
	Fence Style: □Picket □ Shadow	☐ Box Privacy	
	Fence Material: ☐ Cedar ☐ Treated Lu	mber 🗆 Vinyl	☐ Wrought Iron
□ ROOF:	Shingle Style: Laminate/Architectural (Tin	-	-
	Shingle Color (color must appear weathered wood):		
□ SIDING:	Siding Material:		
□ DECK:	Include a drawn layout of the deck.		
□ DLCK.	Deck Material:	Dock Color:	
	UND POOL: Include a drawn layout of the pool		duanti la contribuidada la
	Please provide details in the COMMENTS secti		drawn layout, if applicable.
COMMENTS	5:		
Who will perf	form the work: $\ \square$ Homeowner $\ \square$ Contracto	r - Contractor Name	:
Estimated Sta	art Date: Estimated	Completion Time: _	
Homeowner a	agrees to abide by estimated time schedule:		
Dlasca amail t	this form to: cassiedurham@camkc.com O	r fay to: 012-729-06	02 (fav)
	Cassie Durham, 5000 West 95 th Street, Suite 280, Prairie		
	ter mailing, please call 913-738-9600 x225. If the review b		
application withi	in 30 days after receipt, approval will be deemed granted	•	
	THIS SECTION TO BE COMPLETED BY THE		
Reviewed By	y:	Date:	
☐ Approve	ed (valid for 90 days) \square Modified \square Re	ejected	
Comments f	from the ARB:		