

Seasons Homeowners Association

REQUEST FOR PLAN APPROVAL

Architectural Control Committee (ACC) Review Objectives:

The objectives of this review process are: **(1)** to verify that the design of your construction or modification project and the materials used are consistent with the Covenants and standards established for The Seasons, and **(2)** to protect the community against unwarranted removal of trees thereby changing the character of The Seasons.

Disclaimer as to Plan Approval:

(1) The plan you submit to ACC is not reviewed for engineering or structural design, or quality of materials. The ACC and the Association do not assume liability or responsibility for any defect in any structure constructed from the plan approved by ACC and/or the Association.

(2) ACC approval is not a substitute for obtaining necessary permits from Thurston County or other governmental agencies. Please contact the appropriate agency to check whether your project requires a permit.

Instructions:

Please complete **Section A** of the attached form and mail it to:

Attn: Chair, ACC
Seasons Homeowners Association
P.O. Box 5053,
Lacey, WA 98509-5053

If you are building or modifying a fence or structure, please attach a simple sketch showing the design of your project. The sketch should indicate: **(1)** the dimensions of your project, **(2)** where on your lot your project will be placed, and **(3)** the materials to be used for the construction.

Within 30 days of receiving your request, ACC will notify you of its decision by completing **Section B** and returning this form to you.

If ACC does not approve your request, you may appeal its decision to the board of directors. If you choose to appeal, please complete **Section C** and mail this form to the president of the association within 30 days of receiving ACC's decision.

*** * * IMPORTANT * * ***

DO NOT begin your project until:

- (1) You receive ACC's written approval, Or***
- (2) It has been 30 days since you submitted your form to the ACC and the ACC has not notified you of its decision, Or***
- (3) In response to your appeal of ACC's decision not to approve your plan as submitted, the board issues a written approval of your plan.***

*** If you are faced with a hazardous or dangerous situation requiring immediate attention (such as a diseased tree), please call the chair of ACC to arrange for an expedited review.**

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Please refer to the attached cover page for instructions and information

SECTION A

(To be completed by the homeowner.)

Date: _____ Name: _____

Lot#: _____ Address: _____ Phone#: _____

e-mail: _____

Approval requested for: (check one)

Tree removal. State type of tree(s) and reason: _____

Construction or modification of structure or fence. Briefly describe your project and attach a sketch. Include location of the project on your lot, materials to be used, and project dimensions.

Painting. Include paint samples if possible or describe the colors you have chosen.

 Other. Specify: _____

Est. completion date: _____ Homeowners signature _____

SECTION B

(To be completed by ACC.)

Date received: _____ Received by: _____

- ACC decision: (check one)
- Request approved
 - Request approved with modification described below
 - Request denied for reason given below

Modification / Reason for denial:

Applicable covenant section: _____ Date of decision: _____

ACC Members: (1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

SECTION C

(To be completed by the homeowner wishing to appeal ACC's decision.)

I disagree with ACC's decision and hereby appeal its decision to the board. (Please state why you think your project should be approved.)

Date: _____ Signature: _____