



# Hickory Hills

## Request for Architectural Review

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

email: \_\_\_\_\_

Instructions:

1. Prepare and attach to this form, a sketch or written description of the proposed improvement or change in sufficient detail so the Architectural Review Board (ARB) can make an informed decision. Additional information such as photographs, elevation drawings, manufacturer brochures, and paint chips also may be useful.
2. Adjacent neighbors should be informed.
3. All requests will be reviewed in a timely manner not to exceed 14 days.
4. YOU MUST HAVE AN APPROVED COPY OF THIS FORM IN HAND PRIOR TO PROCEEDING.
5. Submit to:       Hickory Hills HOA / ARB  
                          P.O. Box 264  
                          Pleasant Hill, MO 64080

Summary Project Description:




# Hickory Hills

## Request for Architectural Review

Homeowner Affidavit:

I have read, understand and agree to abide by the Association's Covenants & Restrictions and By-Laws. Upon approval of this request, I accept responsibility for the following:

1. Compliance with all state and local building codes
2. Any encroachments
3. Completion of the project according to the approval plans. If the modification is not completed as approved, said approval can be revoked and modification shall be removed at the homeowner's expense.

I also understand that the ARB does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed construction, alteration or addition; for mechanical, electrical or other technical design requirements for the proposed construction, alteration or addition; or for performance, workmanship or quality of work on any contractor or of the completed alteration or description.

If the modification is disapproved or does not comply, I may be subject to court action by the association. In such an event, I shall be responsible for all reasonable attorney fees.

I agree to abide by the decision of the Architectural Review Board and/or Home Owners Associations

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

---

***This Section to be completed by Hickory Hills ARB***

\_\_\_\_\_  
Received by ARB Board Member

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
ARB Board Member Reviewer

\_\_\_\_\_  
ARB Board Member Reviewer

Approved      Date: \_\_\_\_\_

Disapproved      Date: \_\_\_\_\_

Reason/Explanation/Comments:

More Info     Covenant     By Laws     Other

---

---

---

---