

ARCHITECTURAL REVIEW APPLICATION

Bradford Place Homeowners Association of Johnson County

Please complete & submit the following form at least fourteen (14) days prior to expected project start.

Date _____ Name _____ Email _____

Address _____

Phone (day) _____ (evening) _____

Anticipated Start Date _____ Expected Completion Date _____

Contractor Name/Contact Information _____

Brief Description of Project _____

Please attach, as applicable:

(1) A copy of a property survey on which project details have been sketched, including all dimensions and material types.

(2) A color swatch (if paint, siding, etc.).

(3) Contractor name and/or plans.

- I understand the Architectural Review Board (ARB) has fourteen (14) days to approve or deny this request.
- I understand it is my responsibility as Owner to inform all contractors/vendors of all applicable Covenants & Restrictions or policies and procedures, and to ensure all work is compliant with such.
- I understand that improvements may not be made without prior written approval from the ARB, and that I must have ARB approval prior to project start.

Signature _____ Date _____

Please submit all documentation to: arb@bradfordplacehoa.com

Or mail/fax to

Bradford Place Homeowners Association of Johnson County

704 S. SR 135 Suite D - / PMB # 113

Greenwood, Indiana 46143

317-888-3262 ~ Fax

<http://www.bradfordplacehoa.com>

ARB Use only:

Date request received _____

Do adjacent property owners need to be informed Yes No

Date and time property reviewed _____

Reviewer(s) _____

Approved _____ Denied* _____

Date notification letter sent _____

Comments _____

*If denied, the homeowner can appeal the decision to the Board of Directors of the Bradford Place Homeowners Association. The Board of Directors must make a decision before work can be initiated.