

Application for Architectural Control Review for Eagle Cliff South

Pursuant to the Restrictive Covenants, any Owner desiring to make any Modification to a home or lot must make an application to the Architectural Control Committee (ACC) prior to commencement of work. By completing this Application and making the appropriate submittals, you successfully make your application for modifications as required by the Restrictive Covenants. You may need additional approvals from local, state, or federal agencies. By executing and submitting this Application, the Owner(s) acknowledge that they have reviewed the Restrictive Covenants and understand the standards applicable to Modifications and the authority and discretion afforded the ACC, all such provisions within the Restrictive Covenants being incorporated herein by reference. If you need any additional space, please include supplement pages.

FAX to 405-701-5060, email to [hoa@ariagroupok.com](mailto:hoa@ariagroupok.com), or mail to Aria Group, PO Box 720637, Norman, OK 73070.

Name of Owner(s) \_\_\_\_\_ Property \_\_\_\_\_

address: \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**1.** Modification Area. Approval is requested for the following Modifications as described below and on the submittal pages. The general type of Modification requested is indicated below. If applicable, appropriate submittal pages are indicated and attached to this Application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2** Submittal Pages. All applications shall include appropriate submittal pages showing such design features as required by the Restrictive Covenants and any attachments or amendments thereto Failure to include the submittal pages will result in a returned Application.

Commencement date: \_\_\_\_\_ Time for completion: \_\_\_\_\_

This is a Re-application: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature(s)

(DO NOT WRITE BELOW THIS LINE)

Date Application received: \_\_\_\_\_ By: \_\_\_\_\_

Action on Application: \_\_\_Approved\_\_\_ Denied\_\_\_ Other\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature