



Raintree Lake Property Owners Assoc.
 825 SW Raintree Drive
 Lee's Summit, MO 64082
 Phone: 816-537-7576 Fax: 816-537-5621

Exterior Siding Improvement Application

Office Use Only
DATE RECEIVED: _____
RECEIVED BY: _____
SAMPLES ATTACHED: <input type="checkbox"/>

APPLICATION FOR:	Exterior Siding
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RESIDENT INFORMATION

First Name:	Last Name:	Lot #:	Date:
Address:		Email:	Phone:

IMPROVEMENT DETAILS

SIDING MATERIAL TYPE:	FRONT ELEVATION DIRECTION: <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL <input type="checkbox"/> NOT APPLICABLE BACK AND SIDE ELEVATION DIRECTION: <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL <input type="checkbox"/> NOT APPLICABLE
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NOTE: Include manufacturer's literature, including detailed specifications, pictures of the actual material to be used, showing profiles, and color; sketches showing the home's elevation and indicating the location of any breaks in the material. For the most current siding specs refer to the Rules and Guidelines page on the website: www.rlpoa.com or contact the office.

BEGINNING DATE OF IMPROVEMENT: <small>(No earlier than date of approval)</small>	COMPLETION DATE: <small>(No longer than 6 months after date of approval)</small>
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By signing below, I have given permission for the RLPOA Codes Administrator to enter my property to do the following: 1) Take a picture for the ARB Committee approval meeting 2) Inspect compliance of project after completion.

I have included samples (Required)

SIGNATURE OF APPLICANT

*** COMMITTEE USE ONLY ***

1st Submission:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
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ARB COMMITTEE MBR SIGNATURES:

Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
ARB CHAIR:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:

IF DECLINED, REASON: _____

IF EXCEPTION MADE FOR APPROVAL, REASON: _____

2nd Submission:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
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Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
Name:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:
ARB CHAIR:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	Signature:	Date:

Sub Association Approval

Sub HOA Name: _____ Signature: _____