

FenceImprovement Application

Office Use Only

DATE RECEIVED:

RECEIVED BY:

PLOT PLAN ATTACHED:

Raintree Lake Property Owners Assoc. 825 SW Raintree Drive Lee's Summit, MO 64082

Phone: 816-537-7576 Fax: 816-537-5621

APPLICATION FOR:	1 🗆	New	☐ Replac	ce	
RESIDENT INFORMATION					
First Name:	Last Name:		Lot #:		Date:
Address:		Email:		Phon	 e:
IMPROVEMENT DETAILS					
TYPE OF MATERIAL TO BE USED:	IIVIPK	COLOR OF M		DICKET SDACI	NG: (In inches)
	VINYL	COLOR OF IV	IATERIAL.	PICKET SPACE	NG. (III IIICHES)
HEIGHT OF FENCE: \$\Begin{align*} \text{HEIGHT NOTE}: A 6 foot fence will only be considered when it is used as a privacy fence or when it backs up to one of these major streets: Ward Road, Missouri 150 Highway, Raintree Parkway, Raintree Drive, Regatta and/or Cole Younger Drive.					
NOTE: Applicant shall agree to maintain fencing structure and appearance. In the event that this fence has been built on Common Ground owned by the RLPOA, the undersigned agree to remove the portion of this fence which is constructed on the Common Ground within 30 days of a written request to do so by the RLPOA. If notification is not given, any existing fence on common ground will be removed at the time of repair or replacement. In the event of a dispute between the Owner and the RLPOA over the actual location of the property line, the RLPOA will pay to have the area in question surveyed. If it is found that the fence is indeed on the Common Ground, the Owner agrees to reimburse RLPOA for the actual cost of the survey.					
BEGINNING DATE OF IMPROVEMENT: (No earlier than date of approval) COMPLETION DATE: (No longer than 6 months after date of approval)					
☐ I have included a plot plan showing location of project (Required) SIGNATURE OF APPLICANT					
*** COMMITTEE USE ONLY *** 1 st Submission:					
ARB COMMITTEE MBR SIGNATURES:					
Name:	☐ APPROVED	☐ DECLINED	Signature:		Date:
Name:	☐ APPROVED	☐ DECLINED	Signature:		Date:
Name:	☐ APPROVED	☐ DECLINED	Signature:		Date:
ARB CHAIR:	☐ APPROVED	☐ DECLINED	Signature:		Date:
IF DECLINED, REASON:					
IF EXCEPTION MADE FOR APPROVAL, REASON:					
2nd Submission:	☐ APPR	OVED		DECLINED	
Name:	☐ APPROVED	☐ DECLINED	Signature:		Date:
Name:	☐ APPROVED	☐ DECLINED	Signature:		Date:
ARB CHAIR:	☐ APPROVED	☐ DECLINED	Signature:		Date:
Sub Association Approval					
Sub HOA Name:		Signature:_			