



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

In-Ground Swimming Pool Improvement Application

Office Use Only	
DATE RECEIVED: _____	
RECEIVED BY: _____	
PLOT PLAN ATTACHED	<input type="checkbox"/>
CITY PERMIT ATTACHED	<input type="checkbox"/>

APPLICATION FOR:	In-ground Swimming Pool
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RESIDENT INFORMATION

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

IMPROVEMENT DETAILS

TYPE OF MATERIAL TO BE USED: <input type="checkbox"/> Plaster <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass	NAME OF CONTRACTOR:
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DIMENSIONS OF POOL: Width: Length:	DIMENSIONS OF POOL INCLUDING SURROUNDING DECK: Width: Length:
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ALL SWIMMING POOLS REQUIRE A FENCE. I have included a new fence application I already have a fence installed

BEGINNING DATE OF IMPROVEMENT: <i>(No earlier than date of approval)</i>	COMPLETION DATE: <i>(No longer than 6 months after date of approval)</i>
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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 an approved application from the City of Lee's Summit's Board of Zoning.
 I have included a plot plan showing all pool and fence specs and their respective locations.
 I understand I am responsible for my contractor's adherence to ARB guidelines.

Does contractor plan to cross common ground with equipment? Yes No

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: