

## **Deck or Patio**

## **Improvement Application**

**Office Use Only**	
DATE RECEIVED:	
RECEIVED BY:	
PLOT PLAN ATTACHED CITY PERMIT ATTACHED	

825 SW Raintree Drive Lee's Summit, MO 64082 Phone: 816-537-7576 Fax: 816-537-5621

Raintree Lake Property Owners Assoc.

APPLICATION FOR:	Deck: ☐ New ☐ Re	eplace Pa	atio: 🗆 New 🕒 Replace		
	RESIDENT	INFORMATION	<u> </u>		
First Name:	Last Name:		Date:		
Address:	Email:		Phone:		
	IMPROVE	MENT DETAILS			
TYPE OF MATERIAL TO BE USED: Deck		Deck Elevation:	Elevation:		
DIMENSIONS Width:	Deck Railing Height: Length:				
Name of Contractor/Company:					
BEGINNING DATE OF IMPROVE	MENT:	COMPLETION DATE:			
(No earlier than date of approval)		(No longer than 6 months after dat	e of approval)		
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					
			<del>-</del>		
	*** COMMIT	TEE USE ONLY ***			
1 <sup>st</sup> Submission:	*** COMMIT  APPROVE	_	] DECLINED		
ARB COMMITTEE MBR SIGNATURE	APPROVE	D [			
	APPROVE	_	Date:		
ARB COMMITTEE MBR SIGNATURE	APPROVE	D [			
ARB COMMITTEE MBR SIGNATURE Name:	APPROVE	DECLINED Signature:	Date:		
ARB COMMITTEE MBR SIGNATURE Name:	APPROVE	DECLINED Signature: DECLINED Signature:	Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name:	APPROVE	DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: ARB CHAIR:	APPROVE  SS:  APPROVED  APPROVED  APPROVED  APPROVED  APPROVED  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: ARB CHAIR: IF DECLINED, REASON:	APPROVE  SS:  APPROVED  APPROVED  APPROVED  APPROVED  APPROVED  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: ARB CHAIR: IF DECLINED, REASON: IF EXCEPTION MADE FOR APPRO	APPROVE  SS:  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date: Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: ARB CHAIR: IF DECLINED, REASON: IF EXCEPTION MADE FOR APPRO	APPROVE  SS:  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date: Date: Date: Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: ARB CHAIR: IF DECLINED, REASON: IF EXCEPTION MADE FOR APPRO 2nd Submission: Name:	APPROVE  SS:  APPROVED  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date: Date: Date: Date: Date:		
ARB COMMITTEE MBR SIGNATURE Name: Name: Name: ARB CHAIR: IF DECLINED, REASON: IF EXCEPTION MADE FOR APPRO 2nd Submission: Name: Name:	APPROVE  SS:  APPROVED  APPROVED	DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature: DECLINED Signature:	Date: Date: Date: Date: Date: Date: Date:		