



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

Miscellaneous Improvement Application

****Office Use Only****

DATE RECEIVED: _____

RECEIVED BY: _____

PLOT PLAN ATTACHED:

APPLICATION FOR:		<input type="checkbox"/> New	<input type="checkbox"/> Replace
Front Porch	Garage Door	Railing	Pergola
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining Wall	Flag Pole	Swing Set	Playhouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Dog Pen	Basketball Hoop
		<input type="checkbox"/>	<input type="checkbox"/>
Add Door <input type="checkbox"/>			
Add Window <input type="checkbox"/>			
Other: _____			

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

IMPROVEMENT DETAILS
DESCRIBE IMPROVEMENT, TYPE OF MATERIAL TO BE USED, AND DIMENSIONS HERE:

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 a plot plan showing location of project (Required)

Does this project require use of the common ground? Yes No

SIGNATURE OF APPLICANT

*** COMMITTEE USE ONLY ***	
1st Submission:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED

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
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: _____