



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

# Deck or Patio Improvement Application

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

<b>APPLICATION FOR:</b>	Deck: <input type="checkbox"/> New <input type="checkbox"/> Replace	Patio: <input type="checkbox"/> New <input type="checkbox"/> Replace
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### RESIDENT INFORMATION

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

### IMPROVEMENT DETAILS

TYPE OF MATERIAL TO BE USED:	Deck Elevation:
DIMENSIONS Width:                      Length:	Deck Railing Height:
Name of Contractor/Company:	
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>

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.

**SIGNATURE OF APPLICANT**

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### \*\*\* COMMITTEE USE ONLY \*\*\*

<b>1<sup>st</sup> Submission:</b>	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DECLINED</b>
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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: \_\_\_\_\_

<b>2nd Submission:</b>	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DECLINED</b>
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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: \_\_\_\_\_