



Home Remodel/Addition Improvement Application

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

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

APPLICATION FOR:	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition
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RESIDENT INFORMATION

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

IMPROVEMENT DETAILS

SPECIFIC TYPE OF IMPROVEMENT: Add Sunroom Add screened porch Room addition Garage
 Other:

NAME OF CONTRACTOR:	DIMENSIONS OF PROJECT:
	Height: Width: Length:

BLUEPRINTS WITH ELEVATIONS HAVE BEEN ATTACHED TO THIS APPLICATION: YES NO Not Applicable

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 location of project as well as timeline for completion of project.
 I understand I am responsible for my contractor's adherence to ARB guidelines.

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:

Sub Association Approval

Sub HOA Name: _____ Signature: _____



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Home Remodel/Addition

Improvement Application

- Continued-

****Office Use Only****
 LOT# _____

TIMELINE FOR COMPLETION OF PROJECT		
	DATE TO BE COMPLETED	DATE & VERIFIED BY
Construction of Addition		
Exterior Siding Materials		
Roof		
Gutters		
Driveways/Walkways		
Patio/Decks		
Grade		
Re-seeded/Sod		
Other:		
Other:		

IMPORTANT NOTE

**This form is not inclusive to all projects. Please fill in any information that reflects directly to your project.
 Silt fences are required if there are disturbances to existing vegetation**

Additional Notes: