



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"/>         |
|                          |                          | Walkway                      | Add Door                         |
|                          |                          | <input type="checkbox"/>     | <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: |

|  |  |
|--|--|
| <b>BEGINNING DATE OF IMPROVEMENT:</b><br><small>(No earlier than date of approval)</small> | <b>COMPLETION DATE:</b><br><small>(No longer than 6 months after date of approval)</small> |
|--|--|

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)

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

| *** COMMITTEE USE ONLY ***              |   |                                   |       |
|---|---|-----------------------------------|-------|
| 1 <sup>st</sup> Submission:             | <input type="checkbox"/> APPROVED                                   | <input type="checkbox"/> DECLINED |       |
| <b>ARB COMMITTEE MBR SIGNATURES:</b>    |   |                                   |       |
| 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: _____ |