



THE ESTATES  
PARRETT MOUNTAIN

Duane Owen  
17757 SW Snowberry Ct.  
Sherwood OR, 97140  
(503) 806-0496  
duane@pack-edge.com

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Lot #

In accordance with the Association's documents, I hereby apply for written approval to make the following alterations or changes to my property. [Please attach all requested data to this application to ensure the Committee's review.

Modification Change/New Construction: Attach a plan showing the location of new construction/modification, including a scale drawing showing design and dimensions, style, color, finish materials to be used, type and size of plantings, and name and contact information for contractor.

Describe:

Time Frame for Beginning and Completing Work: \_\_\_\_\_

If my application is approved, I fully understand that the approval is only for what I have presented. I understand that all approved alterations or changes must be completed within the improved time frame.

**If your application is denied, you may file an appeal with the Board of Directors. You must file an appeal in writing within 10 days of the notice of denial.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**If Applicable:**

**Neighbor #1 Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

**Neighbor #3 Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

**Neighbor #2 Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

**Neighbor #4 Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

**COMMITTEE DECISION**

**ARC Chairperson:**

\_\_\_\_\_  
Print Name

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**ARC Member:**

\_\_\_\_\_  
Print Name

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**ARC Member:**

\_\_\_\_\_  
Print Name

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**ARC Member:**

\_\_\_\_\_  
Print Name

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**ARC Member:**

\_\_\_\_\_  
Print Name

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**FINAL DECISION**

**APPROVE** \_\_\_\_\_ **DENY** \_\_\_\_\_

CONDITIONS (IF ANY) OF APPROVAL:

**If your application is denied, you may file an appeal with the Board of Directors. You must file an appeal in writing within 10 days of the notice of denial.**

DATED: \_\_\_\_\_

**ARC Chairperson**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name