



**TRAVERSE MOUNTAIN MASTER ASSOCIATION
PROPERTY IMPROVEMENT & LANDSCAPING FORM (EXHIBIT A)**

THE ARC MEETS EVERY THURSDAY, SPRING THROUGH FALL.

ALL PLANS SUBMITTED AFTER 4PM ON WEDNESDAY WILL BE REVIEWED THE FOLLOWING WEEK.

DATE _____ LOT _____ SUBDIVISION _____
CLOSE OF ESCROW DATE ____/____/____

Homeowner's Signature X _____

Name _____ Email _____
Property Address _____ Lehi, UT 84043 Phone # _____
Mailing Address _____

PLAN SUBMITTAL CHECK LIST (IMPORTANT: INCOMPLETE CHECKLIST WILL NOT BE REVIEWED)

* <input type="checkbox"/>	Property Improvement Form Completed (this form)
* <input type="checkbox"/>	Adjacent, Facing And Impacted Neighbor Statement Completed (Exhibit B)
* <input type="checkbox"/>	Proposed Plans <u>MUST INCLUDE</u> 8.5x11 minimum, 11x17 for remodel, including details: size, height, design, color, materials, brand/manufacturer and pictures/examples. Specify any existing items. Location of residence on lot and dimensions from lot line. Drawings must show affected elevations, if applicable. Location of area drains must be included on plans. Names of Plants in list or legend - include the biological & common name.
* <input type="checkbox"/>	\$25.00 one-time fee (landscaping) or \$100.00 (improvement) Review fee - payable to TMMA Traverse Mountain Master Association
* <input type="checkbox"/>	Estimated Completion Date: _____ (fill out NOTICE OF COMPLETION - Exhibit C - when work is complete)

PROJECTS BEING SUBMITTED: (Please check all appropriate items)

ARCHITECTURAL

- ___ Awnings
- ___ Deck / Balcony
- ___ Gazebo / Trellis
- ___ Patio Cover
- ___ Painting
- ___ Rain Gutters
- ___ Room Addition
- ___ Shed / Temporary Building
- Other: _____

LANDSCAPE / HARDSCAPE

- ___ Landscape / Hardscape:
 - ___ Front ___ Front
 - ___ Rear ___ Rear
- ___ Trees & Shrubs (Type, Size & Location)
- ___ Fencing / Wall (s):
 - ___ Front ___ Side
 - ___ Rear ___ Retaining
- ___ Extension
- ___ Drains / Drainage System
- Other: _____

EQUIPMENT

- ___ Air Conditioner
- ___ Basketball Backboard
- ___ Built-In Barbecue / Fire Pit
- ___ Lighting
- ___ Pool / Spa & Equipment
- ___ Solar Panels
- ___ Swing-set / Playhouse / Trampoline
- ___ Water Feature
- Other: _____

DO NOT WRITE BELOW THIS LINE (For Committee Use Only)

Received: _____ Reviewed: _____

The Architectural Review Committee has determined that the above submitted is:

- APPROVED
 APPROVED WITH CONDITIONS*
 INCOMPLETE RE-SUBMIT
 DISAPPROVED AS SUBMITTED

- () See notes on plan
- () See attached memorandum
- () Minimum _____ foot setbacks must be maintained at property lines for _____.
- () Clarify drainage pattern or provide alternative drainage method.
- () _____ must be painted to match existing stucco or fascia trim.
- () Resubmit with more details (i.e. dimensions, materials, color, location, etc.) for: _____

COMMENTS / CONDITIONS*: _____

TRAVERSE MOUNTAIN MASTER ASSOCIATION AESTHETIC REVIEW COMMITTEE

DATE: _____ SIGNED: _____

EXHIBIT A



**TRAVERSE MOUNTAIN MASTER ASSOCIATION
NEIGHBOR STATEMENT**

The attached plans were made available to the following neighbors for review:

Impacted Neighbor	Impacted Neighbor
Name	Name
Address	Address
Signature _____	Signature _____
Date _____	Date _____

Common Area or Back Yard - Rear of Home

Adjacent Neighbor		Adjacent Neighbor
Name	Name	Name
Address	Address	Address
Signature _____	Name _____ Address _____	Signature _____
Date _____		Date _____

Your Street - Front of Home

Facing Neighbor	Facing Neighbor	Facing Neighbor
Name	Name	Name
Address	Address	Address
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

My neighbors have seen the plans I am submitting for the TMARC review (see above verification). I as the Owner certify that I have requested that my neighbors sign this statement *confirming notification only*. I understand neighbor objections do not in themselves cause denial of the plans. If the home is not yet sold or occupied, I have had a builder representative sign in the appropriate box to confirm that the home is not occupied.

SUBMITTED BY:

Name: _____ Date: _____

Address: _____



TRAVERSE MOUNTAIN MASTER ASSOCIATION

NOTICE OF COMPLETION

Please fill out and return this sheet once the work is complete.

Owner Name: _____

Property Address: _____

Subdivision: _____ Lot: _____ COE or Possession of Home: _____

Home Phone: () _____ Work Phone: () _____

On the _____ day of _____ the Minimum Rear Yard Landscaping requirements were completed in accordance with approved plans by the TMARC which includes:

- Sod / Plantings Rear Property Fencing Grading, all drainage is retained on the lot

On the _____ day of _____ the Improvement(s) on the described Property was (were) COMPLETED in accordance with the plans and submittal package, which was approved by the TMARC on _____ (date)

(Please list) The completed Improvement(s) is (are): _____

Signature of Owner(s) _____ Date _____

TMARC or Compliance Officer Use Only (NOTES):
