



**ARCHITECTURAL REVIEW (ARC) APPLICATION FOR IMPROVEMENTS**  
THIS FORM MUST BE COMPLETED AND APPROVED **BEFORE** ANY CHANGES ARE MADE.

Please print clearly and make a copy for your records. **A PHOTOGRAPH OF THE EXISTING WINDOWS/DOORS/FLOORING/INTERIORS MUST BE SUBMITTED WITH THE APPLICATION**

**Proof of insurance is required for the Owner of the Unit and all contractors.**

**Attached are the approved Architectural Guidelines. You must read them and ask questions prior to submitting for changes. If you submit, then it is understood that you have read the Guidelines and agree to comply with them.**

OWNER: \_\_\_\_\_ UNIT #: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

START DATE: \_\_\_\_\_ FINISH DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIPTION OF PROPOSED IMPROVEMENT: Please submit your request along with all applicable construction drawings, floor plan, specifications, elevation drawings, product brochures, pictures, contractor information (license/bonding insurance), etc. Incomplete applications will be returned. NOTE: Applications will be approved for aesthetic purposes only and any governmental requirements and compliance are the sole responsibility of the homeowner.

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For courtesy and to prevent future disagreements the undersigned adjacent (front, top, bottom, sides, and rear) owners are aware that there will be work crews, deliveries, etc. in the neighborhood and have noted in writing any comments or concerns or questions with the applicant and/or the HOA. Individual unit owner signatures are required. If additional signatures are needed, please use the back of this application.

Name/Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Name/Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Name/Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Name/Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Initial each line and sign as acknowledgement of the following homeowner obligations:

\_\_\_\_\_ I assume responsibility for the above proposed improvement and any impact that my licensed contractor or I may have that adversely affects the common area or another unit. I assume financial responsibility for the same.

\_\_\_\_\_ I (or future owner(s)) assume responsibility for all maintenance of this addition or improvement.

\_\_\_\_\_ I understand that electrical wiring and plumbing lines are within the walls of my condominium and that I will be responsible for correcting **any** problems that occur in the process of my improvement(s).

Monterey Homeowners Association

COMPLETION OF SECOND PAGE REQUIRED

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\_\_\_\_\_ I understand ARC will attempt to provide a response within sixty days from the date of submittal to review my request. Until the applicant has received written approval from the ARC or Association, ARC approval is not to be presumed.

\_\_\_\_\_ I also understand that any work not completed within thirty days of the stated finish date will render this approval null and void.

\_\_\_\_\_ I understand that this approval runs with the land and the maintenance responsibilities must be disclosed upon sale of the unit. Liability for any impact to neighbor's property is the responsibility of the unit owner/applicant.

\_\_\_\_\_ I understand that any deviations from the approved plans will render this approval null and void and will submit a new application incorporating the changes if needed.

\_\_\_\_\_ I understand that the contractors may be on property only between the hours of 7 AM to 6 PM, Monday through Friday. My contractor will check in with the Monterey office on the first day prior to starting any work.

\_\_\_\_\_ I understand all the requirements contained herein and within the governing documents of the Monterey at the Las Vegas Country Club and will also advise and submit applications, documents and, if applicable, deposits required by the Las Vegas Country Club Master Association (Unit 3809, 702-732-0329).

\_\_\_\_\_  
Homeowner's Signature

OFFICE USE ONLY

Received on \_\_\_\_\_ by \_\_\_\_\_

Approval / Conditional Approval / Denial

Comments / Conditions: Any deviation from the approved plans is a justification for removal of the changes.

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Optional: Board Review: \_\_\_\_\_

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**Return completed application to:**

Monterey Homeowners Association