

**FAIRWAY HILLS HOMES ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE
Request Form**

Date: _____

Name: _____

Contact Number: _____

Address: _____

Lot # _____

Pursuant to the Declaration of Restrictions of Fairway Hills, I hereby request approval by the Architectural Review Committee of the Fairway Hills Homes Association the following alteration or construction on my property located in Fairway Hills:

Please describe the nature of the alteration or construction: New Construction____ Alteration____

Roof____ Landscaping____ Painting____ Play Set____ Deck/Patio____ Fence____ Other____

Describe the materials to be used, color samples, dimensions, exact locations, measurements from property lines and/or house and a clear, and a legible drawing of the improvements.

Have you discussed or informed your neighbors of your proposed improvement?

___No ___Yes Were there any objections? ___No ___Yes. If yes, what were they? _____

The homeowner acknowledges that the homeowner is responsible for all maintenance necessary to keep any addition in proper condition and to ensure any construction or other work does not create a nuisance.

The homeowner is responsible for complying with all applicable building codes and obtaining all necessary permits. Any approval by the Architectural Review Committee is not an endorsement of any new construction or alterations and does not relieve the homeowner of complying with any other rules, regulations or requirements. The homeowner assumes all risks for any improvements located outside the subject properties boundaries. The homeowner acknowledges that neither the Architectural Review Committee, nor the Fairway Hills Homes Association is obligated to verify that any requested improvement is within property lines and cannot be held responsible for any additions placed outside the property lines. Homeowner acknowledges that approved projects must be completed within six (6) months of approval otherwise the approval is retroactively rescinded.

Signed: _____

Homeowner

Homeowner

Architectural Review Committee's Action

Approval____ Rejection____

Date: _____

Signed: _____

Committee Chairman

Please Return To:

Fairway Hills Homes Association; Attn: Amy Davis; 5000 W. 95th Street, Suite 200; Prairie Village, KS.

66207

OR

EMAIL TO: astreeter@sentrymgt.com