



Manhattan Village
Estate Homes

REQUEST FOR ARCHITECTURAL APPROVAL

Name _____ Address _____
Phone # _____ Email _____

Please use this form for requesting approval for any modification to the exterior of your home.

Location of modification (front, 2nd story, etc.) _____

- | | |
|---|---|
| <input type="checkbox"/> Exterior Light Fixtures | <input type="checkbox"/> Satellite Dish Installation |
| <input type="checkbox"/> Front Door Replacement | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Landscape Modification | <input type="checkbox"/> Window replacement |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Paint (see 2 nd page) |
| <input type="checkbox"/> Roof change or replacement | <input type="checkbox"/> Air conditioning unit (specify location) |
| <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Back yard Artificial Grass | _____ |

Please describe project (paint detail see 2nd pg; sample roof tile; window manufacturer, size, etc.):

(use back or separate sheet for additional description)

Please draw a diagram indicating location or attach color photos/brochures of requested change (must be submitted with application to expedite approvals):

Drop off completed forms to management office and/or scan pictures or supporting materials and email application to mvearchitect@gmail.com. Committee is required to respond within 30 days but works to process requests sooner.

Signature

Date

EXTERIOR PAINT, STAIN, ROOF REQUESTS

- Please submit manufacturers' color chip or sample on a piece of wood for review.
- Submitting application without samples may result in delayed approval.

AREA TO BE PAINTED ¹	PAINT/STAIN MANUFACTURER ²	MANUFACTURER'S COLOR NAME	COLOR CODE	FINISH ³
Stucco				
Siding				
Trim – Primary				
Trim – Secondary				
Garage Doors (include stains)				
Utility Closet Doors				
Front Entry Door				
Iron Fencing & Contiguous Gates	Dunn-Edwards	Knob Green (REQUIRED COLOR)	Custom Color (bring paint chip to match)	Gloss (or higher)
Other (please describe)				

1. See attached painting guidelines for explanation of these areas. Leave associated row blank if not applicable.
2. Abbreviation OK, e.g. SW for Sherwin-Williams, BJ or Benjamin Moore, etc.
3. Specify flat, satin, semi-gloss or gloss.

ROOF MODIFICATION/REPAIR⁴

AREA TO BE REPLACED	TILE MANUFACTURER	MANUFACTURER'S COLOR NAME	COLOR CODE

4. Architectural Committee needs to review roof replacements of 50% of the same materials. Please include sample.

For office use only

Architectural Committee Approved by _____ Date _____

Approval Letter Mailed on: _____ By: _____