

**Four Colonies Homes Association
Request for Project Review**

Name: _____ Date: _____

Address: _____ Home Phone: _____

Lenexa, KS 66215 Work Phone: _____

Instructions:

1. Under the heading description, please describe in writing (not drawing) what improvements you propose to make, to include;
 - a. Materials you plan to use
 - b. When you will start the work (remember, the A/C Committee has up to 30 days to respond)
 - c. Who will be doing the work?
 - d. How long will the project take?
2. On all work that involves expanding your current fence line, patio area, deck area, etc. a property survey drawing must be attached to the application. Plot plans are available through the City of Lenexa 477-7700.
3. Attach or use the back of this application form for a drawing of your proposed improvements. Drawings must be accurate and final, reflecting all applicable dimensions and elevations (height, width and depth).
4. Submit this form with any other applicable information to the management office.
5. If additional fence and/or deck surfaces are proposed, please indicate under description, the added footage and/or square footage.
6. **All approvals are good for 3 months. If work hasn't started within 3 months of the approval date, an application must be submitted again.**
7. **Please notify the office when work is completed for final review of project**

Description:

Committee Action:

1. At the Board's sole discretion, if the work proposed is beyond the scope of the Homeowner, then the Board will deny the work until an acceptable contractor is hired by the Homeowner.
2. The Board must approve the quality of the materials used; failure to do so will result in Homeowner having to remove or replace the work performed.
3. Homeowners and contractors assume all responsibilities for obtaining required permits and any needed utility line locating. The Homes Association is not responsible for any damages resulting from installation.
4. Contractor must remove all construction debris off site at the completion of the project.

Homeowner's Signature: _____

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Name: _____ Date: _____

Is work to be performed by a contractor: _____ NO _____ YES

Provide name of the contractor and business phone #: _____

Project Description: (must include scaled dimensions and elevations – where necessary-May attach additional pertinent information)

Reviewed By: _____ Date: _____

Board/Committee Action: _____ Approved _____ Not Approved _____ Tabled

Time Duration Permitted: (if Applicable) _____

Project reviewed upon completion: _____ Date: _____