## **Sun City Lincoln Hill ARC Application Checklist**

## **Other Improvements**

## **Checklist 32**

Other Improvements include; Bird Guards & Netting, Decks, Knox Boxes, Rain Water Capture Systems, Reroofing, Security Cameras, Skylights, Storage Sheds, Wall Decorations, Weather Stations, Windows and any Improvement not specifically addressed in the Design Guidelines.

A site visit by the ARC is required prior to submitting an application for Storage Sheds.

This Checklist is for GUIDANCE ONLY, please refer to the CC&Rs and the Design Guidelines for all other specific requirements relating to your project.

OWNER CHECKBOXES (Must be filled in or noted N/A)

ARC CHECK

| OWNER CHECKBOXES (Must be filled in or noted N/A)  ARC   |                |
|--|----------------|
| Description of Improvement:  |                |
|  |                |
| Required Documents   |                |
| <ul> <li>Drawing showing the location, size, setbacks and construction details.</li> </ul>   | L              |
| Manufacturer's catalog information or picture of the improvement.  |                |
| Paint or finish colors.  |                |
| The specific requirements outlined in the Design Guidelines have all been met.   |                |
| Note to ARC Reviewers: Refer to the specific Design Guideline for each item.   |                |
| The design of the Improvement is consistent with the architectural character of the home ar community.   | nd the         |
| The level of detail in the drawings provided is appropriate for the complexity of the propose  | d Improvement. |
| Appropriate City of Lincoln permits will be obtained as required.  |                |
| The timeline for completion of work is within 90 calendar days from the start of work and m completed before the one-year approved application period expires. | ust be         |
| May require City of Lincoln Building Permit.   |                |

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## This checklist must be completed and signed by the Owner along with the Architecural Review Committee, (ARC) Application Form

| Homeo     | wner Use  |
|-----------|---|
| Planned C | ompletion Date:                                 |
|           |   |
| Name:     |   |
| Address:  |   |
|           |   |
| Signature |   |
| <u>-</u>  | ARC Use Only  APPROVED  INCOMPLETE  DISAPPROVED |
|           | Date:   |