

# BUCK ISLAND ASSOCIATION, INC.

## Architectural Review Committee Construction and Remodeling Application

Owner Name \_\_\_\_\_  
Last First

Buck Island Address \_\_\_\_\_ Lot # \_\_\_\_\_

Home Address \_\_\_\_\_  
Address

City State Zip Code

Phone #'s \_\_\_\_\_  
Home Cell

Email \_\_\_\_\_

Contractor Name \_\_\_\_\_

Company Name \_\_\_\_\_

Contractor Phone # \_\_\_\_\_ Contractor Email \_\_\_\_\_

Contractor Address \_\_\_\_\_  
Address

City State Zip Code

**Type of Construction:** new / remodel / deck / residing / painting / pool / hot tub / repair work  
Other \_\_\_\_\_

**Date Project to Start** \_\_\_\_\_ **Projected Completion Date** \_\_\_\_\_

### **Paint / Stain Information, Main Structure**

Paint / Stain Color \_\_\_\_\_ Brand Name \_\_\_\_\_

### **Paint / Stain Information, Trim**

Paint / Stain Color \_\_\_\_\_ Brand Name \_\_\_\_\_

### **Paint / Stain Information, Accent Color**

Paint / Stain Color \_\_\_\_\_ Brand Name \_\_\_\_\_

**PLEASE SUBMIT SAMPLES OF ALL PAINT / STAIN WITH APPLICATION**

**Date of Application** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_

**Contractor Signature** \_\_\_\_\_

### To Be Completed by the ARC

Date of Review by ARC \_\_\_\_\_ ARC Member Name \_\_\_\_\_

Review Fee Received \_\_\_\_\_ NA \_\_\_\_\_ Damage Deposit Received \_\_\_\_\_ NA \_\_\_\_\_  
(Date, amount, check #) (Date, amount, check #)

Approved / Disapproved and Date \_\_\_\_\_ ARC Member Signature \_\_\_\_\_

Reason \_\_\_\_\_

Assigned Contractor Gate Code \_\_\_\_\_ Gate Code Expires on Date \_\_\_\_\_

**APPROVAL IS GOOD FOR ONE YEAR FROM ARC APPROVAL DATE ON APPLICATION**