



# Shamrock Pines Homeowners Association

## Architectural Committee Request Form for Home and Lot Improvements

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Improvement:

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Color (If Applicable): \_\_\_\_\_

Location (If Applicable): \_\_\_\_\_

Dimensions (If Applicable): \_\_\_\_\_

Construction Materials (If Applicable): \_\_\_\_\_

Please attach a sketch or picture of all requested improvements, additional supporting documents and a plat of your property indicating the location and dimensions.

### Send form to:

Architectural Committee  
Shamrock Pines HOA  
PO Box 2020  
Gearhart, OR 97138

1. Nothing contained herein shall be construed to represent that alterations to land or buildings in accordance with these plans, shall violate any of the restrictive covenants nor any of the provisions or building and zoning codes to which the above property is subject. Further, nothing contained herein shall be construed as a waiver or modification of any said restriction.
2. I am responsible for ensuring that all local permits and filing of plans with the building inspector at his office will be accomplished before construction begins.
3. I understand and agree that no work on this request shall commence until written approval of the Architectural Committee has been received.
4. I am aware that if the Board does not respond to this request within 45 days that I can assume that approval has been granted.
5. If submitted electronically I certify that my signature is genuine and the information is correct and complete to the best of my knowledge.

Owner's Signature(s):

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

### For Association Use Only

- Approved
- Denied
- Conditionally Approved

AC signatures:

Date:

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Comments or contingencies:

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