



RIVERCHASE

ARCHITECTURAL REVIEW COMMITTEE (ARC) PAINTING

DATE RECEIVED: _____

APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

SUBMITTED BY: _____ TELEPHONE: _____

CONTRACTOR (NAME AND NUMBER): _____

DESCRIPTION OF PLANS: _____

MUST HAVE THE FOLLOWING FOR YOUR REQUEST:

1. A SAMPLE OF THE PAINT WITH NUMBERS AND MANUFACTURER ARE REQUIRED.
2. PLEASE INCLUDE THE LOCATION OF THE SAMPLES STATING WHERE THEY ARE GOING (EX. SIDING, TRIM, DOOR, SHUTTERS, ETC.)
3. A PHOTO OF YOUR HOME.
4. MUST HAVE COLOR CHART OR SAMPLES WITH MANUFACTURER NUMBER AND NAME
5. PLEASE EMAIL APPLICATION TO CMA AT SPANAS@CMACOMMUNITIES.COM OR YOU CAN MAIL TO 4 OFFICE PARK CIRCLE SUITE 101 MOUNTAIN BROOK, AL 35223 OR FAX TO 205-517-8351
6. PERSUANT TO YOUR GOVERINING DOCUMENTS, PLEASE ALLOW 30-DAYS FOR THE REVIEW TO BE COMPLETED

COMMENTS AND/OR ADDITIONAL INFORMATION: _____
