Pheasant View Homeowners' Association Architectural Review Committee P.O. Box 871463 Canton, MI 48188

Application for Project Review

Date: Lot #: Corner Lot?	
Submitted by:	
Address:	
Phone #: Email Address:	
Please submit a complete description and detailed design layout to scale. Add pages as needed. If replacing your roof or windows please provide the manufacturer's specifications indicating type, style color. Mail two copies of this form and design layout to the address above or submit all information i mail to <u>ARC@PheasantView.org</u> Upon approval, one copy will be returned to you and the other cop kept on record. You may refer to the Covenants and Restrictions at <u>www.Pheasantview.org</u> or emai questions to the <u>Architectural Review Committee</u> . Please note that the 30 day approval/disapproval under Article VI, Section 6 will not start until you receive written confirmation from the ARC that full a sufficient drawings have been received. Your project may require other permits. This submittal does supersede the requirement to secure the appropriate permit(s) through Canton Twp. Check with The	e and in an e- oy will be il your time found and s not
Twp. Building Department for details (734-394-5200).	

Planned Improvement:

Roof	Manufacturer:	Туре:		
	Style:	Color:		
Windows	Manufacturer:	Type:		
	Style:	Color:		
Fence	Height:	Material /		
	-	Color:		
Trim	Material:	Color:		
Exterior paint	Color:	(Provide color chip)		
Gazebo / Pergola	Material:	Color:		
Deck	Material:	Color:		
Patio	Material:	Color:		
☐ In ground swimming				
□ Landscaping	Trees:		_	
	Shrubs:			
Other				
According to your proposed layout, please list all materials to be used in the design. When appropriate, please provide visual images or renderings for reference. In some cases you may be asked to provide sample materials.				