

**HIDDENBROOKE ARCHITECTURAL REVIEW COMMITTEE**  
**Application for Preliminary Architectural Approval**

Date \_\_\_\_\_ Lot Number \_\_\_\_\_ **Application Fee: \$150.00**

Street Address \_\_\_\_\_ Neighborhood Name \_\_\_\_\_

**Owner** \_\_\_\_\_ Work Phone \_\_\_\_\_

Current Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Builder** \_\_\_\_\_ License No. \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

**Architect** \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

**PLANS AND SUPPORTING DOCUMENTS SUBMITTED WITH THIS APPLICATION ARE:**

- \_\_\_\_\_ Schematic Floor Plans and Elevations (minimum 1/8 inch = 1 foot)
- \_\_\_\_\_ Schematic Site Plan with Footprint of House (1/8 inch = 1 foot)
- \_\_\_\_\_ Conceptual Color & Material Selections
- \_\_\_\_\_ Application fee \$150, Check made payable to Hiddenbrooke Property Owners Association, Inc.

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**FOR HARC USE ONLY**

Date Received by HARC for Review	_____
Application Fee Received	_____
HPOA Assessments Are Paid	_____
Date Submitted for Consultant Review	_____
Date of Conditional Approval	_____
Date of Conditional Denial	_____
Date of Disapproval	_____
Date of Final Approval	_____
Date of Notification	_____