

DESERT SHORES RACQUET CLUB HOA  
P.O. BOX 28759  
LAS VEGAS, NV 89126  
(702)365-6720 FAX (702)365-6761  
ARCHITECTURAL REVIEW REQUEST FORM

APPLICATION DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOMEOWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

I (we) hereby request approval for the following home improvement. Attached are complete plans of the proposed improvement. NOTE: Plans should include adequate information to render a decision, including, but not limited to, site plan with set-back information, drawings, utility information drainage plan, as well as information regarding the type of materials to be used and exterior colors. A completed Neighbor Awareness Form must also be attached.

IMPROVEMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

CONTRACTER: (Name, address, telephone & copy of contract and permit)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*NOTE: YOU ARE RESPONSIBLE FOR ALL PERMITS AND ADHERENCE TO ALL MUNICIPALITY CODES AND SET BACKS.**

**DO NOT WRITE BELOW THIS LINE**

DATE RECEIVED: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

ADDITIONAL INFORMATION REQUIRED: YES/NO

DATE ADDITIONAL REQUESTED: \_\_\_\_\_ APPROVED: YES/NO

**ADDITIONAL COMMENTS/CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**DESERT SHORES RACQUET CLUB  
HOMEOWNERS ASSOCIATION  
NEIGHBOR AWARENESS SIGN-OFF FORM**

On \_\_\_\_\_, \_\_\_\_\_ submitted the attached plans for the  
(DATE) (NAME)

Installation of \_\_\_\_\_  
(IMPROVEMENT)

These plans were made available to the neighbors as required and noted below for their review. They have been notified that submitting these plans to the Architectural Review Committee for approval.

**Facing neighbor:** \_\_\_\_\_  
Property Vacant (PRINT NAME) (SIGNATURE)  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Right side neighbor:** \_\_\_\_\_  
Property Vacant (PRINT NAME) (SIGNATURE)  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Left side neighbor:** \_\_\_\_\_  
Property Vacant (PRINT NAME) (SIGNATURE)  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Rear neighbor:** \_\_\_\_\_  
Property Vacant (PRINT NAME) (SIGNATURE)  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(SUBMITTER'S SIGNATURE)

NOTE: The "Facing neighbor" is the one most directly across the street in the front of your property; the "Rear neighbor" is the one most directly behind your property. The neighbors' approval is not necessarily a condition to your improvement/modification being approved by the Architectural Committee. The intent is to advise your neighbors who own property within close proximity of you Lot and may be affected by your proposed improvements(s) by requiring their signatures above. No application will be considered complete until there is evidence that the immediate neighbors and any neighbor who may be affected have been made aware of this application.

NOTE: All signatures must be obtained prior to submitting plans for approval. Failure to obtain appropriate signatures may result in delays in the approval process.

**INGROUND POOL AND SPA INSTALLATIONS REQUIRE WRITTEN APPROVAL FROM THE NEIGHBOR AFFECTED IF THE PROPOSED LOCATION OF THE POOL EQUIPMENT ADJACENT TO THE NEIGHBORS BEDROOM.**

**NOTICE OF COMPLETION FOR HOME IMPROVEMENT(S)**

This form must be returned to the ARC within 15 days of completion of the improvement. The ARC must inspect the improvement within 60 days of receipt of this notice and approve it, or request corrections. If such inspection is not made within the 60 day period, the project is automatically approved as built. This automatic approval does not constitute approval of improvements that are not completed in accordance with the approved application or any other of its associated materials.

When project is completed, fill out this page and return to:

First Columbia Community Managers, Inc.  
Desert Shores Racquet Club Homeowners Association  
P.O. Box 28759  
Las Vegas NV 89126

Homeowner Name (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Improvements: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Please Fill Out And Return When Project Is Completed.

# Desert Shores Racquet Club

## Architectural Review Request - Exterior Improvements Checklist

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

\_\_\_\_\_ DSRC Application with this checklist.

\_\_\_\_\_ Neighbor Awareness Form

\_\_\_\_\_ Upon approval of application, owner must also submit to Desert Shores Community Association for approval prior to proceeding with project.

### Landscape Change:

\_\_\_\_\_ Front yard \_\_\_\_\_ Back yard

\_\_\_\_\_ Site Plan (Include measurements)

\_\_\_\_\_ Plant List

\_\_\_\_\_ Materials List

\_\_\_\_\_ Photographs

\_\_\_\_\_ Samples submitted of rock, artificial turf

### Patio Home Paint:

Must be from approved color palette.

Body \_\_\_\_\_

Name and Number of Approved color

Trim \_\_\_\_\_

Name and Number of Approved color

\_\_\_\_\_ Stucco Wall approved color: Vista Paint #59 (Bone White)

\_\_\_\_\_ Balcony railing approved color: White

### Townhome Paint:

\_\_\_\_\_ Garage door approved color: Vista Paint #20 (Blush)

\_\_\_\_\_ Front door approved color: \_\_\_\_\_

Name and Number of Approved color