



	Date	Emp. Initials
Date Received		
1st. AC Mtng. Date		
2 nd AC Mtng. Date		
Resubmit Date		

To <u>make an appointment</u> scan the QR code or go to our website: www.svla.com

ARCHITECTURAL PROJECT APPLICATION

Do not start any work without prior Architectural Committee approval.

*BE ADVISED - FAILURE TO COMPLETE A PROJECT WITHIN THE TIME LIMIT INDICATED

ON YOUR APPROVAL LETTER MAY RESULT IN AN IMMEDIATE CITATION.

Tract/Lot	Project Address	
Property Owner's Name		
Property Owner's Mailing Address		
Phone ()	Email	
Contractor's Name		Phone ()
Variance Requested¹: Yes	No	Number of Variance Form(s) attached:
Please Check Type of Project:		
New House Fence	Landscape	Other
Have you attached all required ite	ms?	
Describe Project:		
Fee: Check #	Amount \$	Recv'd. By
¹ Each Variance request requires a s	separate application and	l fee.
shall not relieve the owner from	obtaining the prior	Any approval by the Architectural Committee consent and approval, when necessary, of the San Bernardino - Town of Apple Valley.
Architectural Liaison w	vill review applications	by APPOINTMENT ONLY
The undersigned acknowledges th	ne conditions on the a	ttached form. (Form #AC101)
Property Owner's Signature		
ACCOUNT NUMBER(Effective 11/2022)	SAMPLE(S) REC.	REQ FOR REFUND Form# AC100

For Architectural Committee Use Only

Comments, Conditions and/or Corrections:	First Committee Review Date:
	0 10 11 0 1
	Second Committee Review Date:
	BOD Sub Committee Review Date:
	Bob cub committee review Bute.
Denied/Date:	
Architectural Committee Chairperson's Signature	
Approved/Date:	
Arch. Committee Chairperson's Signature Arch. Committee Member Signature	
Recommendation/Date:	
Arch. Committee Chairperson's Signature Arch. Committee Member Signature	

(Effective 11/2022) Form# AC100