

**APPLICATION FOR DESIGN REVIEW**

Submit to:

**Architectural Review Committee**  
Sunnyside Ranch Estates Property Owners Association  
PO Box 198  
Southwick, MA 01077

**PLANS WILL NOT BE ACCEPTED FOR REVIEW WITHOUT A COMPLETED APPLICATION**

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**Name & Address of Property Owner:**

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

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

Cell Phone: \_\_\_\_\_

**Type of Construction:**

\_\_\_\_ Landscape Design Changes

\_\_\_\_ Retaining Walls

**Name & Address of Architect:**

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

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

Email: \_\_\_\_\_

Contact Person:

\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Signature of Home Owners:

\_\_\_\_\_

**Name and Address of Contractor:**

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

License #: \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Person:

\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Signature of Contractor:

\_\_\_\_\_

**Reason for application:**

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**Construction of Additional planting beds or retaining walls :**

Number of Planting Beds: \_\_\_\_\_

Number of Retaining walls: \_\_\_\_\_

Landscape Renderings: \_\_\_\_\_

Completed By: \_\_\_\_\_

**Location on Property:**

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**Dimensions of Above Addition:**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Depth: \_\_\_\_\_

**Materials:** \_\_\_\_\_

Retaining Walls: \_\_\_\_\_

Pavers : \_\_\_\_\_

Color : \_\_\_\_\_

Mulch / Color: \_\_\_\_\_

Stone / Color: \_\_\_\_\_

Will the project be completed in its entirety in a direct and unified manner or will the project be completed in several Phases.

IF project completion will be done in several phases, please break down the phases for completion below.

Phase 1: \_\_\_\_\_

Phase 2: \_\_\_\_\_

Phase 3: \_\_\_\_\_

**Please provide any additional information necessary:**

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By Submitting this application for Design Review we understand there is no guarantee the Committee will grant full approval of our project. We agree to work with the Committee to provide any additional information necessary to assist the Committee in making their final decision regarding our project. We agree that we will work with the Committee to consider recommended changes that might be necessary for our project.

Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

IF, our project will involve several intervals we agree that the steps will be defined and completed in a timely process

**Home Owner Signatures:**

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The inclusion of Photographs of proposed materials with your application will assist the committee in their review of your project.

**ARC Review Approval and Dates:**

Preliminary Review :	_____	Date:	_____
Final Review:	_____	Date:	_____
Exterior Finishes:	_____	Date:	_____
Landscape:	_____	Date:	_____
Additional:	_____	Date:	_____

**ARC Committee:**

Member:	_____	Date:	_____
Member:	_____	Date:	_____
ARC Chairperson:	_____	Date:	_____