

ROCKBRIDGE HOMEOWNER ASSOCIATION
c/o Development Services, Inc.
9601 W. State St., Suite 203
Boise, Idaho 83714
Phone: 208-939-6000 Fax: 208-939-6118

ARCHITECTURAL CHANGE REQUEST FORM

ARCHITECTURAL REVIEW COMMITTEE FEES:

- NO FEE for such things as patio covers, repaints, fences, landscape upgrades, pools, etc.
- \$100 Review Fee for Sheds, \$75 refunded after the project is completed and inspected.
- \$300 Review Fee for Remodels and Additions, \$200 refunded after the project is completed and inspected.
- After the project is complete the Architectural Review Committee (ARC) has 30 days to approve.
- A \$50.00 penalty will be assessed to homeowners who start or finish a project without prior approval from the ARC.
- All ARC forms need to be completed in full and a site plan needs to be attached showing lot size, house location, and work to be done.
- If you would like your request expedited you must submit it with a \$50.00 check in addition to project fees.
- This approval is only for the rules and regulations of Rockbridge. You must contact City of Star building department for building permits, setback issues and any approval that may be needed from the City of Star.

REQUESTED BY:

DATES:

NAME: _____

DATE ORIGINATED: _____

ADDRESS: _____

DATE RECEIVED: _____

PHONE: _____

EMAIL: _____

NATURE OF REQUEST: _____ SHED (Fee Required) _____ STRUCTURAL IMPROVEMENT (Fee Required)
_____ FENCING _____ PAINT _____ LANDSCAPING _____ PATIO COVER _____ OTHER

DESCRIPTION: _____

PROPOSED STARTING DATE: _____

ENDING DATE: _____

Is a building permit required for your project? _____ YES _____ NO

List the major contractors and phone numbers:

****ATTACH DIMENSION SKETCH OR DRAWING**

**Identify the documents attached to this request: _____ PLANS _____ SPECIFICATIONS
_____ PERMIT _____ SURVEY _____ OTHER:

ARCHITECTURAL REVIEW COMMITTEE: _____ APPROVED _____ MODIFIED _____ DENIED
MAILED TO APPLICANT: _____ ARC FINAL INSPECTION By: _____ Date: _____

ALL APPROVED WORK SHOULD BE COMPLETED BY ___/___/___

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

CALL (208) 939-6000 OR EMAIL AT SHIRLEE@DEV-SERVICES.COM FOR FINAL INSPECTION