

**Lake Lucerne Club Company Architectural Review Board (ARB)
Application for Home Improvement**

NAME: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____
DATE WORK IS TO BEGIN: _____ DATE WORK IS TO BE COMPLETED: _____
CONTRACTOR: _____ CONTRACTOR PHONE: _____

The ARB meets once a month, generally on the last Monday of the month. Any member in good standing is welcome at the meetings. Plans and designs for review and approval must be submitted to any member of the ARB **seven days prior to a scheduled meeting.** Once approved, a signed copy of plans will be returned to the homeowner and construction may begin. Homeowners who fail to submit an application for ARB review **in advance** of construction are subject to a \$100 fine.

PRIOR TO SUBMITTAL: Please read Sect. #s 300 ARB Standards, 370 ARB Appendix A & 380 ARB Appendix B. See Sect. #300, Item #6 for the Approval Process of the Architectural Review Board Standards for complete application requirements. Unless specifically noted to the contrary on the application, the approved project will be constructed in compliance with the published standards of the Lake Lucerne Architectural Review Board. (Changes made during the project must also be reviewed and approved by the ARB to ensure compliance with the ARB standards.)

Check box to confirm that you have read and understand the above standards, appendices and process.

For alterations that require zoning approval/variance, (new construction, house/garage expansions, sheds, etc.) **an approved application for a zoning permit or variance** by the Bainbridge Township Zoning/Zoning Board of Appeals is required for ARB approval. A Bainbridge zoning permit or variance should accompany this application upon submittal. Contingent approval by the ARB may be granted in circumstances where advance ARB approval would aid with zoning approval/variance. **(Applicant attendance at ARB meeting is requested if zoning approval or variances are required.)**

- BAINBRIDGE TWP ZONING CERTIFICATE #: _____ ARB Initials/Date: _____
- GEAUGA COUNTY BUILDING PERMIT #: _____ ARB Initials/Date: _____
- GEAUGA SOILS: _____ ARB Initials/Date: _____

Type of improvement to be made (check all that apply):

Alteration

- Exterior color changes for home, siding, trim, doors (if no color change, approval is not needed)
- Roof replacement (if no color change, approval is not needed)
- Window replacement
- Porch, deck, patio, stairs or dock
- Live tree removal (approval not needed for dead trees)
- Decorative fencing
- Ditch, culvert, and/or drainage change
- Mechanical – A/C unit, heat pump, generator
- Satellite dish

New Structure: *(Provide details in the box to the right)*

- Room addition(s)
- Porch, deck, patio, stairs or dock
- Garage expansion
- Garden shed
- Play structure or dog house
- New home construction

<p>Dimensions of proposed structure:</p> LENGTH: _____ WIDTH: _____ HEIGHT (maximum off ground): _____ SETBACKS (front, rear): _____ SETBACKS (sides): _____ Foundation type: _____
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