ARCHITECTURAL REVIEW BOARD REQUEST

ASSO	CIATION: The Bakery	DATE
and in owner but no tramp	ordance with the recorded covenants, conditions and order to protect each individual owner's rights and who is considering improvements of his/her exterior to be limited to patio and deck construction, home adoline, basketball goals, etc. submit the following to the ting work on the planned improvements:	values, it is required that any r deeded property to include, dition, fencing, swing sets,
A	ARB CHECKLIST: (PLEASE BE SURE TO COMPLETE T	THE FOLLOWING CHECKS)
	A completed ARB Improvement Request Form	
	Complete and detailed building plans, picture or brochure of t color of project and size, etc.	he improvement, materials listing,
	A bid from the professional installer who will be installing you are NOT allowed to be installed in a side or rear yard e	
	Official surveyor's plot plan showing the location of the propo	sed improvement and dimensions
	Please to be sure to include this checklist and all necessary mmittee Improvement Request Form, as incomplete appl	
MAY R chang home	RE TO SUBMIT THE REQUESTED ATTACHMENTS (checkling is a submitted of YOUR REQUEST FOR IMPROVEMENTS is made without approval, the ARB Committee has sowner to remove the improvement from the propertics have the improvement removed at the homeowners.	NT. If any improvement/ s the right to inform the y. The committee also has the
Stand	by acknowledge that I have read and understand the ards set forth by the HOA Board, as well as the Deck ctions.	
Homeow	vner's Signature	Date
Mail:	Main Street Management, LLC 5665 N. Post Rd. Indianapolis, IN 46216	
Email:	info@mainstreetmanagementllc.com	

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Fax: (765) 742-6401

THE BAKERY ARCHITECTURAL REVIEW BOARD IMPROVEMENT REQUEST FORM

PLEASE PRINT THE FOLLOWING INFORMATION:

wner Name		Email Address	
ddressWork Pho		(City)	, IN
me Pnone:work Pno	one:	(City)	(Zip)
Model, Unit type and lot number_			
Lot location: (for example: pond lo	ot, corner lot, next to play	ground, etc.)	
Briefly describe the improvement/o	change that you propose:		
Who will do the actual work on this ☐ Homeowner Professi	improvement/change? ional Contractor (s) Nam	e	
Materials to be used for the improv	ement/change:(Wood, Co	oncrete, Other) Colo	r of paint or stain
Will there be changes or modification	•	_	res? Yes No_
If yes, explain:			
Please indicate any building permit	s that will be required: Y	Yes No_	
If yes, explain:			
ceipt and contact me in writing operty improvement without wrinderstand that all improvements/	tten approval from the	e Architectural Rev	view Board. I
nstruction Start Date Estimated	Comple	tion Date	
OMMITTEE ACTION:			
 Approved as submitted Approved with conditions state Deferred stated in comments Additional Information Requ 	nired:		
Other:			
Denied stated in comments			
All approved projects must	he completed in 30 Days from	n date of annroval or requ	lest extension
	be completed in 30 Days from	n date of approval or requ	est extension
All approved projects must gnedARCHITECTURAL REVIEW			lest extension Date