

The Extension Request Form \$15.00 Processing Fee

Springs ***In order for your request to be considered, ALL fields must be completed.***

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Applicant's Information					
First & Last Name			Lot # (optional)	Date	
Street Address			Subdivision		
Primary Phone Number	Email Addre	SS			
Extension Request					
Type of Extension Request (select ONE) ☐ Front Yard ☐ Side Yard ☐	l Fence	☐ Side Driveway	☐ Other		
Describe the extension that you request the ARC helpful for review:	C to consider.	Provide justification for the re	equested extension	and any inform	ation that would be
Requests for extensions require a coocur. <i>If not completed by this date</i> ,	•				
Manager if completion occurs sooner to				1 10000 0	ornade the 7 th Co
***Any extensions granted by the H					
to make any necessary arrang	_	-	ement, separate	trom this	extension.***
Select a completion date (CANNOT ex	May 31		tember 30		
Applicant's Signature					
Please initial the following items before					
My plans have already been submitted to ARC and they may require additional information for this extension. I understand that my extension request will not be reviewed before the \$15.00 per review processing fee is paid to:					
The Villages at Saratoga S	•		•	eview proces	ssii ig iee is paid to.
I understand that I am not gua	aranteed t	his extension (or futu	re extensions		
fines if this is not completed b	-	•		_	•
Please return this completed form	ii alolig w	Signature	s to <u>arcwyllia</u>	<u>gesnoa.or</u>	Date
		- Cignoton C			
For Office Use ONLY				■ Ex	tension Recorded
ARC Committee notes:			Mov	e-in Date	□ Approved
			Dat	e Received	☐ Approved
					☐ Not Approved
Name (Print) & Title		Signature			Date
Name (Print) & Title		Signature			Date