

Bella Vista Architectural Control Committee
Permit Extension for New Construction
www.bvacc.com

Staff Only:	Initials _____
Paid: _____	Date _____
Permit # _____	ACC# _____

PROPERTY DETAILS

Address _____

Lot(s) _____ Block _____ Subdivision _____ Parcel _____

OWNER INFORMATION

Owner(s) Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Email: _____

PRIMARY CONTACT INFORMATION

** OWNER IS STILL SOLEY RESPONSIBLE FOR THEIR PROPERTY, EVEN WHEN A REPRESENTATIVE IS ACTING ON THEIR BEHALF.*

Business Name: _____

Primary Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

PROJECT DETAILS

Description of Improvements: _____

Color Scheme requested -- provide manufacturer name and color name of products:

Roof: _____ Gutters/Downspouts: _____

Siding: _____ Garage Door: _____

Stone/Brick: _____ Windows/Shutters: _____

Trim/Soffit/Fascia: _____ Other: _____

EXTENSION INFORMATION

Extensions are valid for 90 days.

FEE: New Residential _____ \$50.00

New Commercial _____ \$50.00

(Maximum 2 extensions. Must show proof of progress.)

NO REFUNDS

Application Checklist

All applications are reviewed on a case-by-case basis and additional documents may be required.

- ☐ Fill out, sign, and date the application.
- ☐ Picture showing progress has been made on the project.
- ☐ Has there been any changes to the location, size, and/or any additions to the project?
☐NO ☐YES If yes, please provide an updated copy (11" x 17") of the survey, to scale, indicating any changes or additions.
- ☐ If on Septic - Has the septic been installed?
☐NO ☐YES If no, the AR Dept of Health permit will need to be revalidated.
- ☐ Has the design changed for this project?
☐NO ☐YES If yes, provide one updated set of house plans (11" x 17") to include: four exterior elevations (front, rear, and sides) floor plan, and roof plan (top view).
- ☐ Have the materials and/or color preferences changed for this project?
☐NO ☐YES If yes, provide an update Color Scheme Sheet to include: manufacturer name, color name and picture of color to be used for all exterior materials.
Actual samples may be required.
- ☐ One updated copy of the Builder's Risk insurance policy from the property owner equal to the value of the project that includes: legal description, address of property, and dates of coverage.
- ☐ Updated proof of financial ability from the property owner in the form of an **original signed** letter from the financial institution or a copy of the loan to include: legal description, address of property, and amount.

I certify that the above, together with attached survey/plat, construction plans, materials and color descriptions, constitutes a true description of the proposed building and accessory construction and that the location on the site of all items of construction will be in accordance with these documents.

Property Owner or Designated Representative's Signature

Date

ACCEPTANCE: The ACC has reviewed this application, and the project is approved subject to the following:

ACC Administrator's Signature

Date of Approval