



EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.

Form #1 APPLICATION FOR PRELIMINARY DESIGN REVIEW

(Please include three (3) sets of drawings and the non-refundable Design Review fee in the amount of \$500.00 made payable to "Eagle Bend West Community Association, Inc.")

Approval of Form #1 grants continuation of the design review process, it DOES NOT authorize construction.

Date Form #1 Prepared \_\_\_\_\_ Date DRC Received \_\_\_\_\_

Provide the following Owner information:

Table with 6 columns: Name, Street Address, Phone #, E-mail, Lot # and one row for Owner information.

IF OWNER IS NOT MAKING SUBMISSION, PROVIDE 'OWNER AUTHORIZATION FORM' (Appendix #2) TO AUTHORIZE A DESIGNEE TO ACT AS AGENT ON BEHALF OF OWNER.

Provide the following:

Table with 6 columns: Name, Address, Phone #, E-mail, License # and rows for Montana Licensed Architect, Landscape Architect, Contractor, and Surveyor.

It is understood and agreed that Construction Documents Review (Form #2) approval when granted shall be for a period of eighteen (18) months from the approval date thereof.

It is understood that all construction (interior & exterior) and landscaping must be completed within a period of eighteen (18) months from the approval of the Construction Application (Form #3).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
Owner or Authorized Agent

Preliminary Design Approved [ ] Yes [ ] No Date: \_\_\_\_\_

Comments:

Signed: \_\_\_\_\_
Design Review Committee