

**Legends**

Phase \_\_\_ Block \_\_\_ Lot \_\_\_

**Improvement Application (except for exterior paint)**

**Owner Instructions: Complete all sections except for the box below. Please complete and send this form to AMI, P. O. Box 5714, Boise, Idaho 83705 or fax to 381-0252, or email to [dmoller@amihome.net](mailto:dmoller@amihome.net).**

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ email address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Describe the nature of the changes or improvements for which you seek architectural review and approval. Please be as specific as possible. If you are adding a shed to your property, please include the length, width, and height of the shed and indicate the location where you intend to place the shed including distance from any property line.

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Does this project comply with the restrictive covenants and neighborhood standards for The Legends? Yes/No?

Proposed starting date for the project \_\_\_\_\_ Ending date \_\_\_\_\_

Is a building permit required for your project? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the general contractor and major subcontractors who will be involved

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Identify the documents attached to this request:

\_\_\_\_\_ Plans \_\_\_\_\_ Specifications \_\_\_\_\_ Permit \_\_\_\_\_ Survey \_\_\_\_\_ Other \_\_\_\_\_

Note: Please be sure your request provides sufficient details of the proposed project for the Architectural Review Committee to evaluate the request. Approval is conditional, and any deviation in the project after approval has been granted, without written approval of the Architectural Review Committee, may result in a finding that the project is in violation of the restrictive covenants and the Association may demand the project be removed, or the Association may file a letter with the County Recorder noting that the Property has a feature that is not in compliance with the restrictive covenants and must be corrected upon resale of the Property.

**ACC SECTION**

Decision: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee comments:**

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Architectural Control Committee Members Signatures