

# COPPERSHIRE ARCHITECTURAL REVIEW APPLICATION

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## FILL OUT COMPLETELY

Please submit this application, diagrams or drawings, and plat plans to the Property Manager at the above address. NO REQUEST WILL BE CONSIDERED UNLESS COMPLETE. The architectural review committee will review this application and approve or disapprove within the time frame allowed by the association governing documents. This could take between 30 and 60 days.

**Please review the governing documents before submitting this form.**

NEIGHBORHOOD NAME: COPPERSHIRE CONDOMINIUMS

PROPERTY OWNED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (if there are questions, we must be able to contact you): \_\_\_\_\_

I WISH TO RECEIVE NOTIFICATION OF APPROVAL / DISAPPROVAL BY:  
(PLEASE SELECT ONLY ONE OPTION)

- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Postal Mail: \_\_\_\_\_

EVALUATION: (Sketch design and description if necessary; manufacturers literature is welcome)

1. Indicate expected start & completion date; changes/additions must be completed within 30 days of project start date
2. Include front and side view elevations with dimensions
3. Include location and depth of any required cuts or fills in the soil
4. Show the location of any existing utilities or drainage courses (if applicable or in close proximity)
5. Utilities must be marked by contractors before any digging is permitted
6. Secure building permit(s) required (if applicable)
7. Association is not responsible for fence removal/deconstruction by officials/entities exercising access rights to easements
8. All Fences must be constructed so that the finished side faces the outside perimeter

NATURE OF IMPROVEMENT: Attach plat plan, diagrams or drawings to help explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR NAME AND PHONE NUMBER (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF MATERIALS, DIMENSIONS/COLOR (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF ADDITION/CHANGE: Attach a plat plan of lot showing location of home and proposed addition and change.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

NOTICE: Approval of any addition / alteration / change / structure by the committee is in no way a certification that the structure has been constructed in accordance with government rules or codes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Office Use Only

\_\_\_\_\_  
Approved/Denied

\_\_\_\_\_  
Date

By Architectural Review Committee

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_

Response Deadline: \_\_\_\_\_