



3128 Amesbury Drive
Baldwinsville, NY 13027
P. 315.635.7171

asc@radissoncommunity.org

Architectural Standards Committee (ASC)

Painting/Staining Application

PROPERTY INFORMATION

Owner Name: _____ Street address: _____

(We have your mailing address on file.)

Phone Number: _____

How would you like us to communicate with you? U.S. Mail: _____ (X) OR E-mail: _____ (X)

(If selecting e-mail, please provide your e-mail below.)

E-mail: _____

(Please print clearly and include only one e-mail address)

Is your home a Detached (Single Family) or an Attached (Cluster)?

Detached: _____ (X)

Attached: _____ (X)



REQUEST FOR APPROVAL

Attach all required information specified in the Architectural Standards Guide for your painting/staining application. Examples include color swatches/chips, product brochure information, photographs of your home, etc. The Architectural Standards Guide may be found at www.radissoncommunity.org and the RCA Office. Applications submitted before 9am the day of the meeting will be reviewed that evening. Applications submitted after 9am the day of the meeting will be reviewed at the next scheduled meeting.

Select the type of painting/staining that will be done:

_____ (X) Painting/Staining with exactly the same colors.

_____ (X) Painting/Staining with a new color or new color scheme.

_____ (X) Combination of painting/staining exactly the same color and painting/staining a new color.

Photographs

Please provide color photographs of your home and other items, such as decks, that will be painted/stained. We suggest taking an overall photograph of each side of your home. For more detailed areas (such as front entrance areas) please include close up photographs of that area. You may e-mail them to us at asc@radissoncommunity.org, please reference the application, name, and address in your e-mail.

I have attached photographs to this application (X) _____

Color Names and Manufacturers

Please provide the color name (or color number/code) along with the paint manufacturer. Total number of colors for a home is limited to three unless given approval by the ASC. If you have a custom color mixed by a paint store, you can provide the custom color mix/formula used to produce the paint color. If you will be re-painting/re-staining the same color and do not know the color or the custom color mix/formula, please write "EXACT MATCH" and indicate the manufacturer of the paint. You must provide the custom color mix/formula before we issue a completed project letter.

Color #1: _____ Manufacturer: _____
 Color #2: _____ Manufacturer: _____
 Color #3: _____ Manufacturer: _____
 Color #4: _____ Manufacturer: _____
 Color #5: _____ Manufacturer: _____

Items To Be Painted/Stained

Specify the color for each item to be painted/stained on your home by writing number 1, 2, 3, 4, or 5, for each item. The number 1, 2, 3, 4, or 5 corresponds to the color name that was specified above. If the item is not applicable, please write (X).

Siding:		Deck:	
Trim:		Deck Railings:	
Front Door:		Other: (specify item)	
Overhead Garage Door:		Other: (specify item)	
Shutters:		Other: (specify item)	
Side Door:		Other: (specify item)	
Windows:		Other: (specify item)	
Rear Door: (patio/slider/french)		Other: (specify item)	

Gutters and Downspouts:

Gutters and downspouts will match the color they are attached to:

YES: ___ (X)

Not Applicable: ___ (X)

Storm Door:

Exterior storm door color will match the following:

Trim color around door: ___ (X)

Primary door being screened: ___ (X)

Not Applicable: ___ (X)

Color Chips

I have included color chips/samples for the proposed colors (X) _____

I attest that all information is true and correct to the best of my knowledge. I understand that this application will expire 6 months from the date of approval. I agree to take no action to implement this project until receipt of the final decision. OWNER'S SIGNATURE (Required) _____

Signatures must be legal property owner(s) or agent as power of attorney.