

APPLICATION for ARCHITECTURAL REVIEW

NAME OF COMMUNITY ASSOCIATION: _____

Owner Name: _____ Date Submitted _____

Property Address: _____

Home Phone: _____ Daytime Phone: _____ EMAIL _____

In accordance with the Declaration of Protective Covenants for your Association and per the binding guidelines described in the architectural control standards for the community, application is hereby made for review and approval of the following described addition(s), modification(s) or other variances to the property listed above: *(provide a detailed description of requested changes and add SUPPORTING DOCUMENTATION to this application – See pg.2 of application for specifics)*

THE ESTIMATED TIMELINE FOR COMPLETION

OF THIS PROJECT IS **100** DAYS

Submit Application to:



P.O. Box 52395

Durham, NC 27717

FOR OFFICE USE ONLY

Date Received:

Date Reviewed:

- APPROVED
 - NOT APPROVED

NOTES:

APPLICANT INITIALS

APPLICATION for ARCHITECTURAL REVIEW

APPLICATION for ARCHITECTURAL REVIEW – SUPPORTING DOCUMENTATION

The more detailed the “Supporting Documentation” a homeowner submits, the more likely that the ARC Committee/HOA Board will have the information available to make a determination about your request. If there is insufficient information regarding your request, the application may be denied pending the receipt of additional information.

To ensure that your application is reviewed and a timely decision may be reached, please submit the following supporting documentation with your application:

BUILDING/STRUCTURE PLANS – Including: Detailed Layout, Plat Plan, Floor Plan, Exterior Elevations, Materials List, Roof Design, and Dimensions for any of the changes being made.

LANDSCAPING PLANS – Including: Detailed Layout, Plat Plan, Exterior Elevations, and Plant Selections.

MATERIALS LIST – Including: All types and brands of materials to be used for the entire project.

OTHER: PHOTOS, PRINTOUTS, and SAMPLES are very helpful additions to this application.

Your Neighbors have the right to be made aware of planned changes that are being proposed. Please notify your immediate neighbors of your proposed plans and obtain the signatures of those neighbors with whom you share a property line and others who can reasonably view the proposed improvement(s) from their property:

NEIGHBORS SIGNATURES:	ADDRESS	DATE
1. _____	_____	Date: _____
2. _____	_____	Date: _____
3. _____	_____	Date: _____
4. _____	_____	Date: _____
5. _____	_____	Date: _____

IS THE FOLLOWING INCLUDED AS SUPPORTING DOCUMENTATION?:

- | | |
|--|----------|
| <input type="radio"/> PLAT PLAN | YES / NO |
| <input type="radio"/> ELEVATION MAP/PLAN | YES / NO |
| <input type="radio"/> FLOOR PLAN | YES / NO |
| <input type="radio"/> OTHER _____ | YES / NO |

APPLICANT INITIALS _____

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ADDITIONAL INFORMATION / DOCUMENTATION:

APPLICANT INITIALS_____