APPLICATION for ARCHITECTURAL REVIEW

NAME OF HOMEOWNERS	ASSOCIATION:	
Owner Name:		Date Submitted
Property Address:		
Home Phone:	Daytime Phone:	EMAIL
described in the architectural approval of the following desc	control standards for the community, a cribed addition(s), modification(s) or otl n of requested changes and add SUPPOI	Association and per the binding guidelines application is hereby made for review and her variances to the property listed above: RTING DOCUMENTATION to this application—
		· · · · · · · · · · · · · · · · · · ·
THE ESTIMATED TIM	ELINE FOR COMPLETION	FOR OFFICE USE ONL
OF THIS PROJECT IS _	DAYS	Date Received:
		Date Reviewed:
Submit Application to:		APPROVEDNOT APPROVED
COMMUNITY FOCUS OF NC Inc.		NOTES:
P.O. Box 52226		

APPLICANT INITIALS_

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	<u> </u>	Date:
3		Date:
4		Date:
5		Date:

0	PLAT PLAN	YES / NO
0	ELEVATION MAP/PLAN	YES / NO
0	FLOOR PLAN	YES / NO
0	OTHER	YES / NO

LICANT INITIALS
