

Providing Superior service to our communities - one homeowner at a time

REQUEST FOR ARCHITECTURAL APPROVAL

(Please fill in all items and supply all supporting data as requested. Incomplete forms may cause delays in review of your application.)

Board/ ARC Committee has up to 30 days to approve

Property Owner's Name		Request Date	
Community	nmunity Property Address		Lot #
Home Phone	Daytime Phone	Email	
Restrictions <u>before</u> Superior Association	one so, please review the submitting your request. In Management for verific In throughout the commu Son.	If you have any que cation. The intent	estions, please contact of this request is to
	Type of Architectur	al Improvement	
 Fence/Retaining Wall Deck/Patio Dog House/Run Swimming Pool/Spa Gazebo/Shed/Play Equipment 		Arbor/Overhang Greenhouse/Sunroom Driveway/Walkway Garage/Exterior Door Remodeling/Addition	
	Materials to	<u>be Used</u>	
Wood	Concrete	Stone	Stucco
Brick	Wrought Iron	Vinyl	Other
Additional Comment	cs/Description:		

Who will be doing the work?			
Estimated Start Date Estimated Completion Date			
This architectural request \underline{MUST} be accompanied by the items listed below or your application will be \underline{DENIED} and returned back to you:			
1.) <u>LAND SURVEY</u> – showing your <u>property lines</u> of your <u>land</u> . You must use a surveyor's land survey, which you received at closing. Please <u>draw in</u> the proposed addition. We must have <u>measurements</u> as it relates to your home, the <u>property lines</u> , and any easements which may apply. If covenants allow you may use your property lines dimensions from your local county's GIS website if you do not have a land survey.			
2.) <u>PICTURE-</u> You must provide a picture or brochure of what the improvement will look like. Paint or roofing samples may be required.			
All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records. The Board/Architectural Committee is allowed up to 30 days from the date of receipt to approve your request. Failure to include any of the required information will suspend the 30-day review period until all required information is received by the Association. Any questions before submitting please call our office at 704-875-7299. HOMEOWNER ACKNOWLEGEMENT (Each Statement must be initialed. This insures the HOA you have read and			
I understand			
1 that my proposed improvement must comply with the Use Restrictions for the community as stated in the Declaration of Covenants, Codes and Restrictions			
2that I am responsible for compliance with all building codes, safety requirements and governmental laws, regulations, codes and ordinances which will require you to obtain all building permits required by the city or county			
3that I am responsible for replacing and/or repairing, at my sole expense, any damages to Association common areas as well as other homeowner residences, (i.e. grass, walking areas, trees, buildings, roads, etc.) as a result of making approved modifications			
4that submitting a request for architectural approval does not waive my responsibility to obtain a mandatory building permit from the proper governmental entities			
5that approval does not guarantee the structural adequacy, capacity or safety features of the proposed modification			

	the location of the proposed modification is free or any other possible hazard, whether caused by erty
which have been granted to the city, coeasements, and that no improvemen	nts within the community and on particular lots bunty, utility companies or other parties requiring ts or permanent structures shall be erected or nents. The easements are shown on the recorded er's title insurance at closing.
construction or exterior alteration und	cchitectural approval does not guarantee that any dertaken by me <i>before</i> approval will be accepted. The the property to its former condition at his own red, wholly or in part
9that any variation from the origin	nal application must be resubmitted for approval.
10that members of the Architecturoutine inspection	ural Control Committee are permitted to make a
Homeowner Signature	Date
Please return this completed form to:	
PO Hunter	sociation Management O Box 2427 sville, NC 28070 704-875-7177
(FOR ARCHITECT)	URAL COMMITTEE USE ONLY)
Approved Not Approved Co	onditional Approval Insufficient Information
Comments	
ACC Representative Signature	
Date	