Hawthorne West Homeowners Association, Inc. <u>Architectural Change Request Form</u>

Please submit this application and any attachments to Signature Management, 106 S Lombard, Suite 109, Clayton, NC 27520 Phone 919-333-3567 Email: acr@signaturemgt.com

Homeowner's Name:

Property Address:				
Homeowner's Phone:				1
Homeowner's Email:				
	Request Stat	tement and Agr	<u>eement</u>	
I determine this proposed proje Covenants. I request project app project only. I grant permission upon completion of the project. Hawthorne West Homeowners Asviolates the existing Association satisfaction of Hawthorne West Hin a manner fully compliant with thand my entire property to becom Association for all expenses asso required by local governments have Before-You-Dig-Hotline) if I am p	roval by the Association to the Association to I also agree to caussociation, Inc. and/on Covenants, is not domeowners Associative covenants and applicated with the comving jurisdiction. Fur	ation and/or Archite to enter my property use the proposed im /or Architectural Co completed within tion, Inc. Subdivision ropriately maintaine ith the covenants a npliance. I will be rethermore, I will be	ectural Committee for and inspect the proposed provement to be prommittee determination allotted time, and in allow the Associated maintenance states pronsible for callow responsible for callow the callow responsible for callow responsible resp	for the following described roject prior to, during, and properly maintained. If the les this project in any way or not maintained to the roject to become completed ciation to cause the project andards and reimburse the lining all necessary permits
PLEASE READ CAREFULLY: P RECEIPT OF COMPLETE APPLICATION PLEASE COMPLETE THIS FORM CARE INFORMATION MAY LENGTHEN THI ADDRESS ABOVE. PHOTOGRAPHS OF Hawthorne West Homeowners	N FOR A FULL REVIEW. C FULLY AND PROVIDE AS S PROCESS. WHEN COM F FORMS AND ATTACHM	CONSIDER THIS TIMEFA MUCH DETAIL AS POSS MPLETE, SCAN THE FORI	RAME WHEN SCHEDULI SIBLE, AS REQUESTS FO M INTO ONE PDF FILE	ING CONTRACTORS, ETC. FOR ADDITIONAL AND EMAIL IT TO THE
Homeowner Signature			Date	
Anticipated Completion Date of approval or additional wro Homeowner acknowledges proceed. Board/committee	itten permissions that approval of	s will be needed f	nust be complete form committee directors/comr	mittee is required to
1	-			

homeowner may be required to obto that begins prior to written approv ———— Homeowners Initials	<u> </u>	owner further understands that work ged to the homeowner.
Homeowner agrees to replace and/	or repair at their sole exper	nse any damages to any common areas
•		dings, roads etc. as a result of making
the approved modifications	(Homeowner Initials)	
It is strongly suggested that you have	all adjacent lot owners' sign t	hat they have seen the plans and are
aware of the proposed project:		
<u>Name</u>	<u>Address</u>	<u>Phone</u>
·	Submittal Requirements	
 Health Department. Drawing of the lot showing plocation of the improvement septic plan for this.) A picture of the improveme case of sheds the design. For driveways or patio extendrawing submitted along with As a rule of thumb, the more paguickly an approval can be made. 	arate submittal or your lot must be submitted placement of improvement in t in relation to the home and int or a detailed description insions existing and propose th dimensions of the propose ertinent information and de	ed. (available from Johnston County requested. Must also show house and d property lines. (you can use your of the materials, colors and in the ed structure must be shown on the ed additions stail you provide the easier and more
<u>Descri</u>	be proposed changes or ac	aditions:
of materials, etc. Attach a copy of your	plot plan (if possible) or sketch , other existing structures and	, colors, heights & dimensions, description and indicate location of proposed exterior property lines. Also attach any sketches, wing this application.
Please note that potential screening on considered in review & approval of any		

STIMATED CONST	RUCTION DATES:	*Start	Finish	
ssociation, Inc. can fo Be advised that the revi ubmission of all docume	rce its completion. ew process does not begir	n until the review cor	ince the Hawthorne West mmittee receives a complete remgt.com	
Other Information	Regarding Project	Request:		
Special Conditions fo		ctural Committe	e Use only	
Approved	Disapprove (inc	d :lude reason)	Conditional Appro	val (see above)
Sianature:			Date:	
	West Homeowners Associ			

and/or Architectural Committee Member