## Percy Place 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:	
Homeowner's Email:	
	quest Statement and Agreement
I request project approval by the association of the project. I also a Place Homeowners Association, Incexisting Association Covenants, is a Place Homeowners Association, Incompliant with the covenants and a property to become fully compliant expenses associated with the comp governments having jurisdiction. Yo your project and have affirmed that is referenced in your desired.	fully compliant with the Percy Place Homeowners Association, Inc. Covenants. iation and/or Architectural Committee for the following described project only. enter my property and inspect the project prior to, during, and upon to cause the proposed improvement to be properly maintained. If the Percy for Architectural Committee determines this project in any way violates the empleted within the allotted time, or not maintained to the satisfaction of Percy division, I will cause the project to become completed in a manner fully priately maintained or allow the Association to cause the project and my entire the covenants and maintenance standards and reimburse the Association for all e. I will be responsible for obtaining all necessary permits required by local set also confirm in writing that the county and or municipality have reviewed your project will not cause the impervious area listed in the plat for your be exceeded. Failure to provide this approval will be cause for denying you lible for calling 1-800-632-4949 (Call-Before-You-Dig-Hotline)
RECEIPT OF COMPLETE APPLICATION PLEASE COMPLETE THIS FORM CAREF INFORMATION MAY LENGTHEN THIS	SING TIME FOR ARCHITECTURAL REQUESTS VARIES. PLEASE ALLOW 30 DAYS FROM FULL REVIEW. CONSIDER THIS TIMEFRAME WHEN SCHEDULING CONTRACTORS, ETC. IND PROVIDE AS MUCH DETAIL AS POSSIBLE, AS REQUESTS FOR ADDITIONAL ESS. WHEN COMPLETE, SCAN THE FORM INTO ONE PDF FILE AND EMAIL IT TO THE S AND ATTACHMENTS WILL NOT BE ACCEPTED, ONLY PDF SCANS. THANK YOU, Percy
 Homeowner Signature	
Anticipated Completion Date of approval or additional wri	Project must be completed within 90 days permissions will be needed form committee/board.
	approval of the board of directors/committee is required to not constitute approval of the local building department and that

that begins prior to written appro ———— Homeowners Initials Homeowner agrees to replace and	val may result in a fine charg for repair at their sole expens as walking areas, trees, buildi (Homeowner Initials)	se any damages to any common areas ings, roads etc. as a result of making
Name	Address	Phone
<ul> <li>Environmental Health Depa</li> <li>Drawing of the lot showing location of the improvement septic plan for this.)</li> <li>A picture of the improvement case of sheds the design.</li> <li>For driveways or patio extendrawing submitted along wing submitted submi</li></ul>	parate submittal or your lot must be submitted artment. placement of improvement re at in relation to the home and ent or a detailed description of ensions existing and proposed th dimensions of the propose pertinent information and det	d. (available from County equested. Must also show house and property lines. (you can use your of the materials, colors and in the
Descr	ibe proposed changes or add	<u>ditions:</u>
of materials, etc. Attach a copy of your	r plot plan (if possible) or sketch a e, other existing structures and p	colors, heights & dimensions, description and indicate location of proposed exterior property lines. Also attach any sketches, wing this application.
	or site restrictions, noise levels, and oth ny mechanical equipment, i.e. trees restr	

ESTIMATED CONSTR	UCTION DATES:	*Start	Finish
can force its completion  Be advised that the review  Submission of all document	n. v process does not begin ts.	until the review co	since the Percy Place Homeowners Association, Incommittee receives a complete and acceptable submit to ACR@SignatureMgt.com
Other Information F	Regarding Project I	<u>Request:</u>	
	Archite	ctural Committe	ee Use only
Special Conditions for	Approval:		
Approved	Disapproved (inc	d lude reason)	Conditional Approval(see above)
Signature: Percy Place H	·	· 	Date:

and/or Architectural Committee Member