North Landing Home Owner's Association, Inc. Architectural Change Request Form

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:		
Red	quest Statement and Agre	<u>ement</u>
project only. I grant permission to the Aupon completion of the project. I also as North Landing Homeowners Association violates the existing Association Covenar satisfaction of North Landing Homeown become completed in a manner fully completed in a manner fully completed in a manner fully completed and reimburse the Association for all expecessary permits required by local governd or municipality have reviewed your area listed in the plat for your lot the approval will be cause for denying you Before-You-Dig- Hotline) PLEASE READ CAREFULLY: PROCESS RECEIPT OF COMPLETE APPLICATION FOR A PLEASE COMPLETE THIS FORM CAREFULLY A INFORMATION MAY LENGTHEN THIS PROCESS.	y the Association and/or Architects Association to enter my property and gree to cause the proposed improve a, Inc and/or Architectural Commitnes, is not completed within the allowers Association, Inc, I will within a coliant with the covenants and approperty to become fully compliant with penses associated with the compliant with a project and have affirmed that a project and have affirmed that are it is referenced in your deed to be request. Furthermore, I will be resulted to the complete and	ural Committee for the following described and inspect the project prior to, during, and ament to be properly maintained. If the tee determines this project in any way tted time, or not maintained to the 180 days of approval cause the project to priately maintained or allow the Association the covenants and maintenance standards ance. I will be responsible for obtaining all cust also confirm in writing that the county your project will not cause the impervious are exceeded. Failure to provide this sponsible for calling 1-800-632-4949 (Callitts varies. Please allow 30-60 days from the WHEN SCHEDULING CONTRACTORS, ETC. BLE, AS REQUESTS FOR ADDITIONAL MEOWNERS ASSOCIATION, INC
Homeowner Signature		Date
Please have all adjacent lot owners' s	ign that they have seen the plai	ns of the proposed project:
<u>Name</u>	<u>Address</u>	<u>Phone</u>

Describe proposed changes or additions:		
of materials, etc. Attac design change on lot in 1	h a copy of your plot plan (if possible) or s	styles, colors, heights & dimensions, description sketch and indicate location of proposed exterior es and property lines. Also attach any sketches n reviewing this application.
	otential screening or site restrictions, noise levels w & approval of any mechanical equipment, i.e. tre	
*Be advised that the revie submission of all documen		nmittee receives a complete and acceptable
	ts into one PDF file and submit to acr@signatu	nemgt.com
	Architectural Committee	e Use only
Special Conditions for	Approval:	
Approved	Disapproved (include reason)	Conditional Approval (see above)

Signature:	Date:	
North Landing Homeowners' Association, Inc Officer		
and/or Architectural Committee Member		