## Oak Haven 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:	· · · · · · · · · · · · · · · · · · ·
	Request Statement and Agreement
request project approval by the As I grant permission to the Associat completion of the project. I also a Haven Homeowners Association, In existing Association Covenants, is Oak Haven Homeowners Association compliant with the covenants and a property to become fully compliant expenses associated with the compovernments having jurisdiction. Y your project and have affirmed lot that is referenced in your derequest. Furthermore, I will be resulting the property of complete Application PLEASE READ CAREFULLY: PRECEIPT OF COMPLETE APPLICATION PLEASE COMPLETE THIS FORM CAREFULLY: INFORMATION MAY LENGTHEN THIS	be fully compliant with the Oak Haven Homeowners Association, Inc. Covenants. Inciation and/or Architectural Committee for the following described project only. In to enter my property and inspect the project prior to, during, and upon see to cause the proposed improvement to be properly maintained. If the Oak and/or Architectural Committee determines this project in any way violates the recompleted within the allotted time, or not maintained to the satisfaction of the Inc. Subdivision, I will cause the project to become completed in a manner fully propriately maintained or allow the Association to cause the project and my entire with the covenants and maintenance standards and reimburse the Association for all lance. I will be responsible for obtaining all necessary permits required by local must also confirm in writing that the county and or municipality have reviewed at your project will not cause the impervious area listed in the plat for your to be exceeded. Failure to provide this approval will be cause for denying your project will not cause the impervious area listed in the plat for your to be exceeded. Failure to provide this approval will be cause for denying your project will not cause the impervious area listed in the plat for your to be exceeded. Failure to provide this approval will be cause for denying your project will not cause the impervious area.  **EESSING TIME FOR ARCHITECTURAL REQUESTS VARIES. PLEASE ALLOW 30 DAYS FROM DRAY FROM D
Homeowner Signature	Date
Anticipated Completion Date of approval or additional wri	Project must be completed within 90 days en permissions will be needed form committee/board.
	at approval of the board of directors/committee is required to es not constitute approval of the local building department and that

tain a building permit. Homeo oval may result in a fine charg	wner further understands that work ged to the homeowner.
•	se any damages to any common areas lings, roads etc. as a result of making
ign that they have seen the plan	as of the proposed project:
<u>Address</u>	<u>Phone</u>
	<u> </u>
nt in relation to the home and ent or a detailed description ensions existing and proposed ith dimensions of the proposed pertinent information and de-	d. (available from County requested. Must also show house and a property lines. (you can use your of the materials, colors and in the d structure must be shown on the red additions tail you provide the easier and more
<u>ribe proposed changes or ad</u>	<u>lditions:</u>
ır plot plan (if possible) or sketch (	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 otl ny mechanical equipment, i.e. trees restr	
	Jor repair at their sole expensas walking areas, trees, build (Homeowner Initials)  ign that they have seen the planaddress  Submittal Requirements process the following guidelicate submittal for your lot must be submitted artment. In placement of improvement repairment in relation to the home and ent or a detailed description the interest artment information and defect in the proposed pertinent information and defect in placement information in the proposed changes or act in placement information in the proposed in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement information in the proposed changes or act in placement in placemen

ESTIMATED CONSTRU	UCTION DATES:	*Start	Finish	
can force its completion *Be advised that the review submission of all document	n. v process does not begi s.	in until the review co	since the Oak Haven Homeowne ommittee receives a complete and I submit to ACR@SignatureMgt.com	acceptable
Other Information R	Regarding Project	Request:		
		<del></del>		
	Archite	ectural Committ	ee Use only	
Special Conditions for	Approval:			
Approved		ed clude reason)	Conditional Approval (	see above)
Signature:			Date:	

Cottages at Oakfield Homeowners Association, Inc. Officer and/or Architectural Committee Member