

Emily Gardens Homeowners 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: _____

Request Statement and Agreement

I determine this proposed project to be fully compliant with the Emily Gardens Homeowners Association, Inc. Covenants. I request project approval by the Association and/or Architectural Committee for the following described project only. I grant permission to the Association to enter my property and inspect the project prior to, during, and upon completion of the project. I also agree to cause the proposed improvement to be properly maintained. If the Emily Gardens Homeowners Association, Inc. and/or Architectural Committee determines this project in any way violates the existing Association Covenants, is not completed within the allotted time, or not maintained to the satisfaction of Emily Gardens Homeowners Association, Inc. Subdivision, I will cause the project to become completed in a manner fully compliant with the covenants and appropriately maintained or allow the Association to cause the project and my entire property to become fully compliant with the covenants and maintenance standards and reimburse the Association for all expenses associated with the compliance. I will be responsible for obtaining all necessary permits required by local governments having jurisdiction. Furthermore, I will be responsible for calling 1-800-632-4949 (Call-Before-You-Dig- Hotline) if I am planting in or near a common area easement.

PLEASE READ CAREFULLY: PROCESSING TIME FOR ARCHITECTURAL REQUESTS VARIES. PLEASE ALLOW 30 DAYS FROM RECEIPT OF COMPLETE APPLICATION FOR A FULL REVIEW. CONSIDER THIS TIMEFRAME WHEN SCHEDULING CONTRACTORS, ETC.
PLEASE COMPLETE THIS FORM CAREFULLY AND PROVIDE AS MUCH DETAIL AS POSSIBLE, AS REQUESTS FOR ADDITIONAL INFORMATION MAY LENGTHEN THIS PROCESS. WHEN COMPLETE, SCAN THE FORM INTO ONE PDF FILE AND EMAIL IT TO THE ADDRESS ABOVE. PHOTOGRAPHS OF FORMS AND ATTACHMENTS WILL NOT BE ACCEPTED, ONLY PDF SCANS. THANK YOU, Emily Gardens Homeowners Association, Inc..

Homeowner Signature

Date

Anticipated Completion Date _____. Project must be completed within 90 days of approval or additional written permissions will be needed from committee/board.

Homeowner acknowledges that approval of the board of directors/committee is required to proceed. Board/committee does not constitute approval of the local building department and that homeowner may be required to obtain a building permit. Homeowner further understands that work that begins prior to written approval may result in a fine charged to the homeowner.

Homeowners Initials

Homeowner agrees to replace and/or repair at their sole expense any damages to any common areas and personal residence areas such as walking areas, trees, buildings, roads etc. as a result of making the approved modifications. _____ (Homeowner Initials)

Please have all adjacent lot owners' sign that they have seen the plans of the proposed project:

Name

Address

Phone

Describe proposed changes or additions:

To speed up the process the proposed plan should include sizes, styles, colors, heights & dimensions, description of materials, etc. Attach a copy of your plot plan (if possible) or sketch and indicate location of proposed exterior design change on lot in relation to house, other existing structures and property lines. Also attach any sketches, specifications, pictures, paint charts, or the like that will assist in reviewing this application.

Please note that potential screening or site restrictions, noise levels, and other privacy intrusions will be considered in review & approval of any mechanical equipment, i.e. trees restricting views and pool pumps.

ESTIMATED CONSTRUCTION DATES: *Start _____ Finish _____

Please make sure your contractor adheres to your schedule, since the Emily Gardens Homeowners Association, Inc. can force its completion.

**Be advised that the review process does not begin until the review committee receives a complete and acceptable submission of all documents.*

**Please scan all documents into one PDF file and submit to Acr@Signaturemgt.com*

Other Information Regarding Project Request:

Architectural Committee Use only

Special Conditions for Approval:

Approved _____

Disapproved _____
(include reason)

Conditional Approval _____
(see above)

Signature: _____

Date: _____

Emily Gardens Homeowners Association, Inc. Officer
and/or Architectural Committee Member