

Kennedy's Crossing Community 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 **Kennedy's Crossing Community 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 **Kennedy's Crossing Community 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 **Kennedy's Crossing Community Association, Inc.** 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. **You must also confirm in writing that the county and or municipality have reviewed your project and have affirmed that your project will not cause the impervious area listed in the plat for your lot that is referenced in your deed to be exceeded. Failure to provide this approval will be cause for denying you request.** Furthermore, I will be responsible for calling 1-800-632-4949 (Call-Before-You-Dig- Hotline) ...
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PLEASE READ CAREFULLY: PROCESSING TIME FOR ARCHITECTURAL REQUESTS VARIES. PLEASE ALLOW 30-60 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. THANK YOU, Kennedy's Crossing Community Association, Inc.

Homeowner Signature

Date

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 *Aquila Bluffs 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: _____
Kennedy's Crossing Community Association, Inc. Officer
and/or Architectural Committee Member

Date: _____