



Edinburgh Community Homeowners Association Inc.  
Architectural Change Request Form

Please submit this application and any attachments to:  
Signature Management of North Carolina [BruceAllen@signaturemgt.com](mailto:BruceAllen@signaturemgt.com)  
P.O. Box 674 Clayton, NC 27528 Phone 919-333-3567 Fax 919-550-4897

Homeowner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Homeowner's Phone #: \_\_\_\_\_  
Homeowner's E-mail: \_\_\_\_\_

**REQUEST STATEMENT AND AGREEMENT**

I determine this proposed project to be fully compliant with the Edinburgh Community Homeowner's 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 Edinburgh Community 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 Edinburgh Community Homeowners 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. Furthermore, I will be responsible for obtaining all necessary permits required by the local governments having jurisdiction. Also I agree and give permission for Association Directors, Architectural Committee Members and /or Management Company representatives to enter homeowner's property for the purpose of completing construction compliance inspections.

**PLEASE READ CAREFULLY: PROCESSING TIME FOR ARCHITECTURAL REQUEST VARIES. PLEASE ALLOW 30-60 DAYS FROM RECEIPT OF APPLICATION FOR A FULL REVIEW AND 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, SIGNATURE MANAGEMENT CO.  
THANKS YOU

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

In accordance with the association covenants the Board of Directors has determined that a review and inspection fee is required with each Architectural Change Request. Please make check payable to Edinburgh Community Homeowner's Association inc. in the amount of **\$20.00** and submit with the form.

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

<u>Name</u>	<u>Address</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 chart, or the like that will assist in reviewing this application.

Please note that potential screening or site restrictions, note 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 association can force its completion.  
\* Be advised that the review process may take 30-60 days from receipt of application.

**Other Information Regarding Project Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Architectural Committee / Signature Management use only**

**Special Conditions for Approval:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval \_\_\_\_\_  
(Include reason)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Edinburgh Community Homeowners Association Inc. Officers  
And/or Architectural Committee Members

**This approval expires 2 years from the date of approval.**