Timberline Oaks 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	d Agreement
Covenants. I request project appr project only. I grant permission to upon completion of the project. I Timberline Oaks Homeowners Ass violates the existing Association C satisfaction of Timberline Oaks H become completed in a manner full to cause the project and my entire and reimburse the Association for	oval by the Association and/or A to the Association to enter my proalso agree to cause the proposed sociation, Inc and/or Architectur ovenants, is not completed within Homeowners Association, Inc. It is y compliant with the covenants are property to become fully compliall expenses associated with the all governments having jurisdiction	Timberline Oaks Homeowners Association, Inc. Architectural Committee for the following described operty and inspect the project prior to, during, and d improvement to be properly maintained. If the ral Committee determines this project in any way in the allotted time, or not maintained to the will within 180 days of approval cause the project to and appropriately maintained or allow the Association in the the covenants and maintenance standards a compliance. I will be responsible for obtaining allow. Furthermore, I will be responsible for calling 1-r near a common area easement.
	TAIL AS POSSIBLE, AS REQUESTS FOR	REQUESTS VARIES. <u>PLEASE COMPLETE THIS FORM</u> R ADDITIONAL INFORMATION MAY LENGTHEN THIS Inc .
Homeowner Signature		Date
Please have all adjacent lot own	ners' 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 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 __ *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 _____ Conditional Approval _____ (include reason) (see above)

Date:____