



Providing Superior service to our communities – one homeowner at a time

REQUEST FOR ARCHITECTURAL APPROVAL

(Please fill in all items and supply all supporting data as requested.
Incomplete forms may cause delays in review of your application.)

Property Owner's Name Request Date

Community Property Address Lot #

Cell Phone Email (required)

If you have not done so, please review the Declaration of Covenants, Codes and Restrictions *before* submitting your request. If you have any questions, please contact Superior Association Management for verification. The intent of this request is to maintain consistency throughout the community and compliance with the community governing documents.

Type of Architectural Improvement

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fence
<input type="checkbox"/> Deck
<input type="checkbox"/> New Planting Bed
<input type="checkbox"/> Exterior Door
<input type="checkbox"/> Patio | <input type="checkbox"/> Plant- Remove/Replace
<input type="checkbox"/> Landscaping
<input type="checkbox"/> Walkway
<input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

Materials to be Used

- | | | |
|--------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Concrete | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Wrought Iron | <input type="checkbox"/> Vinyl <input type="checkbox"/> Other |

Please describe **all** work to be done:

Who will be doing the work?

Phone # of Contractor _____

Estimated Start Date

Estimated Completion Date

This architectural request **MUST** be accompanied by the items listed below or your application will be **DENIED** and returned back to you:

1.) **RECORDED PLAT/LAND SURVEY** – showing your property lines of your land. Please draw in the proposed addition. We must have measurements as it relates to your home, the property lines, and any easements which may apply.

2.) **PICTURE/BROCHURE**– You must provide a picture or brochure of what the improvement will look like including materials, plants, etc. that you are planning to use.

All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records. The Board/Architectural Committee is allowed up to **30 days** from the date of receipt to approve your request. Failure to include any of the required information will suspend the 30-day review period until all required information is received by the Association. Any questions before submitting please call our office at 704-875-7299.

H O M E O W N E R ' S
ACKNOWLEDGEMENTS

(Each Statement must be initialed. This insures the HOA you have read and understood the acknowledgments.)

I understand

1. ... that my proposed improvement must comply with the Use Restrictions for the community as stated in the Declaration of Covenants, Codes and Restrictions. _____
2. ...that I am responsible for compliance with all building codes, safety requirements and governmental laws, regulations, codes and ordinances which will require you to obtain all building permits required by the city or county. _____
3. ...that I am responsible for replacing and/or repairing, at my sole expense, any damages to Association common areas as well as other homeowner residences, (i.e. grass, walking areas, trees, buildings, roads, etc.) as a result of making approved modifications. _____
4. ...that submitting a request for architectural approval does not waive my responsibility to obtain a mandatory building permit from the proper governmental entities. _____
5. ...that approval does not guarantee the structural adequacy, capacity or safety features of the proposed modification. _____

6. ...that approval does not guarantee the location of the proposed modification is free from possible hazards from flooding or any other possible hazard, whether caused by conditions occurring on or off the property. ____

7. ...that there are various easements within the community and on particular lots which have been granted to the city, county, utility companies or other parties requiring easements, and that no improvements or permanent structures shall be erected or maintained within or upon said easements. The easements are shown on the recorded plat and will be listed on the homeowner's title insurance at closing. ____

8. ...that submitting a request for architectural approval does not guarantee that any construction or exterior alteration undertaken by me *before* approval will be accepted. Homeowner may be required to restore the property to its former condition at his own expense if this application is disapproved, wholly or in part. ____

9. ...that any variation from the original application must be resubmitted for approval. ____

10. ...that members of the Architectural Control Committee are permitted to make a routine inspection before, during, and upon completion. ____

11. ... this form expires 6 months from ACC signature date. ____

12. ... that I am responsible for keeping my improvements within my property lines. ____

Homeowner Signature _____ Date _____

Please return this completed form to:

Superior Association Management
PO Box 2427
Huntersville, NC 28070
FAX: 704-875-7177

Or email to: Susan@superioram.net

(FOR ARCHITECTURAL COMMITTEE USE ONLY)

Approved Not Approved Conditional Approval Insufficient Information

Comments _____

ACC Representative Signature _____

Date _____