REQUEST FOR ARCHITECTURAL APPROVAL

| Association | Date | |
|---|--|---|
| Homeowner | | |
| Address | | |
| Home phone # | Work phone # | |
| Description of work to be done: | | |
| | | |
| | | |
| | | |
| Estimated start and completion date | es | |
| Colors | | |
| Attach drawings to this Request for relationship to existing structures, labrochures should be submitted with | andscaping and lot lines. Photograp | |
| I/We understand and agree to comp Municipality. | oly with all Permit and Inspection reg | gulations of our |
| | Signature(s) | _ |
| | (Committee use only) | • |
| | e ofHOA hereb | y approves your |
| | | |
| | | |
| | | |

Mail completed request to Triad Community Management, 340 Rosehaven Court, Kernersville, NC 27284, or e-mail to tcm.hoa@gmail.com.