

SNUG HARBOR POA

ARCHITECTURAL CONTROL BUILDING APPLICATION AND WORK SHEET Owner's Initials _____

This form, together with the Progress Chart and Plot Plan (see the reverse side of this form) establishes a record of each Building Application issued to property owners by SHPOA, submitted to SHPOA by the property owner for review and approval, and its disposition. It assists the Board of Governors in determining whether or not the proposed building plan conforms to the simple requirements of the AMENDED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS dated December 20, 1995 and AMENDED AND RESTATED BYLAWS OF SNUG HARBOR PROPERTY OWNERS ASSOCIATION dated December 9, 1998.

SHPOA Office Administration

| File Number | Date Entered | Section | Lot(s) | Owner Y/N | In Good Standing Y/N | Deed Book Number/Page | Plat Book Number/Page |
|-------------|--------------|---------|--------|-----------|----------------------|-----------------------|-----------------------|
| | / / | | | / | / | / | / |

Applicant

Last Name _____ First, _____
 Construction Project Street Address, _____
 Owner's Mailing Address: Street _____ City _____ State ____ Zip _____
 Phone () - _____ Cell () - _____
 Email _____
 Project Type: (circle one) **Homes:** New Conventional. New or Used Modular / Double Wide / Mobile (VIN) _____ **Various:** Garage / Storage Building / Bulkhead / Pier / Addition to Existing Structure / Septic System. **Other:** (Please Describe _____)
 I have read and will comply with the attached Policy and Procedure for Architectural Control.
 Initial ____ I understand that the thirty day requirement for disposition by the Architectural Control Committee begins upon submission by me of an accurate sketch of my project's "footprint"(square feet and shape with dimensions) in relation to the property's boundaries, set-backs, existing structures, waterways, septic fields, streets, etc Initial _____

Architectural Committee
architectureshpoa@embarqmail.com

Chair: _____ Ph _____ Mbr: _____ Ph _____
 Mbr: _____ Ph _____ Mbr: _____ Ph _____
 Site Visit Scheduled Date __/__/__ and Time _____ Applicant Notified Y/N On site Y/N

The project described in this application **COMPLIES/ DOES NOT COMPLY** with the requirements cited in the Architectural Control Policy and Procedures and is **APPROVED/ NOT APPROVED**
 You may resubmit your project when the following deficiency is corrected, or you may challenge the decision of the ACC at the next Regular meeting of the SHPOA scheduled for __/__/__. Call (252) 426-5172 to be placed on the agenda.

CAMA- (252) 264-3901
 Zoning- (252) 426-2027
 Inspections- (252) 426-8293
 Health Dept. - (252) 426-2100