

STANTON PLACE COMMUNITY ASSOCIATION, INC
c/o Acute Property Management, LLC
6600 Brookshire Dr.
Fuquay-Varina, NC 27526
Phone: 919-614-2911 Fax: 1-866-460-2911
E-mail: blake.massengill@gmail.com

ARCHITECTURAL REQUEST FORM

Name _____ Contact Phone _____

Address _____ Lot# _____

Signature _____ E-MailAddress _____

This form must be filled out in its entirety with requested information before submission to Acute Property Management for review by the Board of Directors (BOD) or the Architectural Review Committee (ARC). **To avoid delays in the review process, please provide all required information. Your request cannot be processed until all required information has been received. All information should be large enough to be easily reviewed.**

Once your request is approved, all work must be completed within six months of the approval date or the request must be resubmitted.

_____ **1.** Give an accurate description of the work proposed. Include pictures, materials, colors, preservation techniques, structural details, similarities to existing structures, and anything that will describe what the final work will look like. **Painting:** attach color chips or samples; **Fences:** specify materials, style, height, color, and mark location using X's on lot survey etc.; **Extensive landscaping:** include copy of landscape plans, specify types of trees, plants, shrubs, etc. Indicate on your lot survey the approximate location of your plantings using X's. **Highlight on plan and list below all tree removals or plantings.**

_____ **2.** Attach a copy of your official **lot survey** received at closing. Your official lot survey should show only your lot with property lines, building envelope, and any easements or buffers. Mark your change(s) in colored pen or marker and include any side notes with measurements. Show dimensions and state the distance of how far your change(s) will be from your property line. **Not required if only painting exterior.**

_____ **3.** Attach as many **elevations** (front and side views) of the proposed work as is necessary, including measurements, to accurately describe it. This is required for outside construction, e.g. Room additions, screen porches, decks, storage sheds, sunrooms, garages, etc.

_____ **4.** Have neighbors, whose lot is adjacent to yours, or would reasonably view the changes/improvements from their property, **sign** this form. This is a courtesy to advise your neighbor(s) of the changes you are making. If a signature cannot be obtained, please explain on the appropriate line below.

_____ 5. Submit the form to Acute Property Management to be forwarded to the BOD or ARC members.

*SIGNATURE NAME ADDRESS/LOT#

DATE: _____ CONCERNS (IF ANY) _____

*SIGNATURE NAME ADDRESS/LOT#

DATE: _____ CONCERNS (IF ANY) _____

*SIGNATURE NAME ADDRESS/LOT#

DATE: _____ CONCERNS (IF ANY) _____

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***Note to neighbor:** Your signature indicates that you have seen this proposal and does not necessarily indicate your approval. If you disagree with the proposal or have any concerns, you should submit your concerns in writing on this document or alternatively directly to the Board of Directors c/o Acute Property Management **prior** to the meeting.

ON BEHALF OF THE STANTON PLACE BOARD OF DIRECTORS THIS APPLICATION IS:

APPROVED _____ DISAPPROVED _____ (REASON): _____

SIGNATURE _____ DATE _____