Seven Gates Homeowners' Association Architectural Modification Request

Due to the additional information required when submitting this request, it cannot be submitted on-line. **Remember**, all necessary City building permits MUST be obtained prior to work being done.

Please print this form and attach any necessary items suggested below.

The more information included will make it easier for the Board to reach a decision.

2. Size 7 3. Color 8	Roof DesignPlans/DrawingsPhotos/BrochuExterior Finish	
5. Contractor	0. Dimensions	shown
Type of Modification:		
☐ Addition ☐ Exterior Painting ☐	Patio Por	ch Interior Construction/Remodeling
□ Other:		
		I necessary items have been received. rocess must be started over.
Name:		Date:
Street Address:		Home Phone:
City: State: _		
Email:		# Pages in Request:
Description of Request:		
I hereby request that the Architectural Control Committee review the attached request. I agree not to begin work until I have written approval and to be responsible for the ongoing maintenance and upkeep on the alteration/addition in perpetuity. The upkeep responsibility will transfer to all future owners as well. Further, I agree that all work will be in a workmanship-like fashion and comply with all building codes.		
		Date:
(Homeowner's Signati	ure)	
All necessary items need to be mailed to: Lambeth Management PO Box 8071		or emailed to: Tiffany.Lmgmt@gmail.com
Greensboro, NC 27419		
For Office Use Only:		
Date Received:		☐ Approved
Received By:		□ Denied