

MAPLE RIDGE HOMEOWNERS ASSOCIATION ARCHITECTURAL MODIFICATION REQUEST

Due to the additional information required when submitting this request, it cannot be submitted online.
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.

- | | | | |
|-------------|---|-------------------------|--|
| 1. Location | 4. Material | 7. Plans and Drawings | 10. Dimensions |
| 2. Size | 5. Roof Design | 8. Photos and Brochures | 11. Utilities |
| 3. Color | 6. Contractor (with proof of their insurance) | 9. Exterior Finish | 12. Copy of Property Plat Map* with proposed changes or additions shown. |

*Guilford County Plat Maps may be found online <http://rdlxweb.co.guilford.nc.us/guilfordNameSearch.php>
Your plat book and page numbers may be found on your deed.

Type of Modification:

_____ Addition _____ Exterior Painting _____ Patio _____ Porch
_____ Storm Door _____ Entrance Door _____ Other:

The Board or Architectural Control Committee has 30 days to make their decision once all necessary items have been received. **If information is incomplete, the request process must be started over.**

Name: _____ Date Project to Begin: _____

Property Address: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Email: _____ # Pages in Request: _____

Description of Request: _____

I hereby request that the Board and 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 or 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. I agree to contact Lambeth Management once the work is completed in order for a follow-up inspection to be completed by the Architectural Control Committee or by Lambeth Management.

Homeowner's Signature: _____ Date: _____

All necessary items need to be mailed to:

Lambeth Management
P. O. Box 8071
Greensboro, NC 27419

or faxed to:

336-464-2576

or emailed to:

Tiffany.Lmgmt@gmail.com

FOR OFFICE USE ONLY

Date Received _____ Approved _____
Received By _____ Denied: _____