

# Architectural Modification Request

Due to additional information required for this request, it can not be submitted on-line. **Remember:** All necessary 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 or Architectural Committee to reach a decision.

Location	Roof Design	<b>Copy of the <u>property</u></b>
Size	Plans/Drawings	<b><u>Plat Map*</u> with</b>
Color	Photos/Brochures	<b>proposed changes</b>
Material	Exterior Finish	<b>written on the map</b>
Contractor (w/proof of their insurance)	Dimensions	
	Utilities	

\*Plat maps may be found online at your county's Register of Deeds or GIS websites - plat book and page numbers may be found on your deed.

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

Name of Association: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_ # Pages in request: \_\_\_\_\_

Description of Request: \_\_\_\_\_

What are the policy limits of your contractors General Liability insurance coverage? \_\_\_\_\_

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. **I agree to contact Lambeth Management once the work is completed in order for a follow up inspection to be completed by the committee or Lambeth Management.**

Signed: \_\_\_\_\_

All necessary items need to be mailed to:  
**Lambeth Management**  
PO Box 8071  
Greensboro NC 27419

or faxed to:  
**(336) 464-2576**

or emailed to:  
**Tiffany.Lmgmt@gmail.com**

FOR OFFICE USE ONLY

DATE RCVD: \_\_\_\_\_

RCVD BY: \_\_\_\_\_

APPROVED

DENIED