

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	Copy of the <u>property</u>
Size	Plans/Drawings	<u>Plat Map*</u> with
Color	Photos/Brochures	proposed changes
Material	Exterior Finish	written on the map
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: _____

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. Approved work must be completed within 90 days otherwise a new request form must be submitted.**

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