

# 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/Infrastructure Committee to reach a decision.

Location  
Size  
Color  
Material  
Contractor (w/proof of  
their insurance)

Roof Design Plans/  
Drawings Photos/  
Brochures Exterior  
Finish Dimensions  
Utilities

Copy of the property Plat  
Map\* with proposed  
changes written on the  
map

\*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 Control/Infrastructure 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/Infrastructure 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