

## APPLICATION FOR ARCHITECTURAL APPROVAL

<b>Property Owner's Name:</b>					
<b>Property Address:</b>					
<b>Telephone:</b>		<b>Home:</b>		<b>Work:</b>	
<b>E-mail:</b>					
<b>Estimated Completion Date:</b>					
<b>Contractors Name and Telephone (if applicable):</b>					
<b>Reason for the Change or Addition:</b>					
<b>Project Type:</b>					
<b>Addition</b>	<b>Deck/Patio</b>	<b>Fence</b>	<b>Landscaping</b>	<b>Painting</b>	<b>Other</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Description:</b> Please describe <b>briefly</b> the proposed change or addition. Cite materials to be used and proposed color(s). Describe similarities to existing structures, if applicable. Use a separate sheet of paper if necessary. Please attach clear, legible drawings. If you need help, call Berkeley Property Management at (919) 960-2836					

<b>Neighbor Signatures:</b>					
We/I acknowledge that the requesting property owner has shown us/me the Architectural request plan for the proposed improvement(s) described on this form. We/I understand that we/I may make verbal or written comments directly to the ARB.					
Date	Printed Name	Support	Have reservations	Signature	Address

Send completed form to:

SVHOA ARB, c/o Berkeley Property Management 710 Market Street, Suite #21, Chapel Hill, NC 27516

<b>ARB Approval</b> <input type="checkbox"/>	<b>Conditional Approval</b> <input type="checkbox"/>	<b>Disapproval</b> <input type="checkbox"/>
<b>ARB Comments:</b>		
<b>Signed:</b> (ARB Chairperson):		<b>Date:</b>