Property Address:	

Abbington of Cabarrus County Homeowners Association

ARCHITECTURAL APPLICATION

Owners of the property are to complete this application for any modification being done to the exterior of their home. Please fill in all areas and supply supporting data as requested. Incomplete forms will not be processed and can cause delays in the application review.

No work may begin prior to the approval from the Committee/Board. The Committee/Board has 30 days to make a decision. Approval is valid for 9 months. If work has not commenced within this time, a new application must be submitted for review. Once work has commenced, the project must be completed within 1 year unless otherwise noted and approved.

OWNER INFO	RMATION			
Owner Name(s):				
Property Addres	s:			
Contact Number	: AM		PM	
Email Address: _				
PROJECT TYP	E			
Please select the	applicable catego	ries the subm	nittal applies for:	
□ Landscape	□ Hardscape	□ Paint	☐ Structural Addition	□ Other

SUBMITTAL REQUIREMENTS

Below is a full list of items for an application. Depending on the scope of project, it might not apply and should be marked as N/A.

0	Site / Plot Plan marking the project O Verify Scale, setbacks and easements, and other existing structures
0	Landscape Plan including a plant material list
0	Construction Materials
0	Colors and Materials (Swatches/color boards preferred)
0	Other Project Related Items

NEIGHBOR AWARENESS

When the board/committee reviews this request, your neighbors have the right to comment and present views about your requested improvements. This is not for their approval; it is only to make them aware that there will be changes next door. Please obtain signatures from all property owners having adjoining lot lines with your property, and all property owners who would reasonably view the improvement from their property, i.e., across the street. If the signatures are missing, the request can be denied as incomplete. If this should happen, you would need to resubmit with the required information to get the request reviewed for approval

I acknowledge that the requesting property owner has shown (me/us) the architectural request form for the proposed improvement(s) described on this form. I understand that (I/we) may make verbal or written comments directly to the Architectural Review Committee.

<u>DATE</u>	PRINTED NAME	<u>SIGNATURE</u>	<u>ADDRESS</u>

Property Address:

APPLICATION RELATED FEES

A processing fee may be required however there is not one established for this association at this time.

OWNER ACKNOWLEDGEMENT

In applying for the above architectural change, I agree to follow to the best of my ability the changes as described and meet all codes, permits or other requirements deemed necessary by county, state or other applicable authority.

Owner Signature:	Date:
Owner Signature:	Date:

SUBMITTAL

Please submit full package, including application, fees, and supporting documents to:

Abbington HOA c/o Evergreen Lifestyles Management 3540 Toringdon Way Suite 200 Charlotte, NC 28277

A complete PDF package may be submitted electronically:

arcapplication@evergreen-lm.com