ARCHITECTURAL REQUEST FORM

The Association documents require that before making any changes to your lot, you must first submit an architectural review from the Board of Directors or its appointed Architectural Review Committee.

The person making the proposed change to his/her lot must submit an Architectural Request Form. He/she is responsible for providing all information necessary to render a decision on their particular request. Any and all incomplete forms and /or requests with insufficient information will be automatically denied. Any and all changes must be made in accordance with the plans and specifications submitted and approved and may not deviate from said changes without prior approval by the Board of Directors and/or the Architectural Review Committee.

The sanctioned time limit for request consideration shall not begin until all information necessary for the review of the architectural request have been submitted. This request shall be deemed active for a period of thirty (30) days when the completed form and all necessary and relevant information is received in the office of Community Solutions Southeast, LLC, 1213 Culbreth Drive, Wilmington, NC 28405.

PLEASE COMPLETE THE FORM BELOW. ATTACH ANY AND ALL PLANS AND SPECIFICATIONS SHOWING THE NATURE, SHAPE, KIND, HEIGHT, MATERIALS AND LOCATION OF SAME.

Association Name: Holly Glen Homeowners Association, Inc.

Owner Name: _______ Date : ______ Address: Lot No.____ Telephone: Home: ______Work: _____Other: _____ Contractor Name: Desired Start Date: Anticipated Completion Date: Description of Changes: I certify that I have read the above Architectural Request Form, the Declaration of Covenants, Conditions and Restrictions for my Association, as well as the Rules, Regulations and Restrictions pursuant to said Declaration regarding changes to my lot and hereby agree that I will abide by same, including abiding by the impervious surface restrictions for said lot. Date Signature___ **Community Solutions Southeast, LLC:** Date mailed to Board_____Date 30 days expire_____ Approved_____Disapproved____ Reason