

**POLOVIEW HOMEOWNERS' ASSOCIATION, INC.
ARCHITECTURAL CHANGE REQUEST**

NAME: _____ **DATE SUBMITTED:** _____ **REQUIRED**

ADDRESS: _____

PHONE (Home): _____ PHONE (Alternate): _____ EMAIL: _____

TYPE OF MODIFICATION:

ADDITION DECK/PORCH EXTERIOR PAINTING
 FENCE OUTBUILDING OTHER

(Description) _____

HAVE YOU DISCUSSED YOUR PLANS WITH YOUR ADJOINING NEIGHBORS?

YES NO NEIGHBOR'S NAME: _____ DATE DISCUSSED: _____
 YES NO NEIGHBOR'S NAME: _____ DATE DISCUSSED: _____

IF REQUIRED, HAVE YOU BEEN ISSUED A PERMIT?

YES NO NOT APPLICABLE

HAVE YOU REVIEWED THE DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS AS THEY PERTAIN TO YOUR PROPOSED IMPROVEMENTS?

YES NO NOT APPLICABLE

The homeowner assumes responsibility for encroachment onto adjacent properties (including HOA maintained common areas) therefore it is advised to obtain a survey before starting any projects that may approach your property boundaries.

IMPORTANT - Please attach a detailed description of your proposed improvements or modifications, including the following information as applicable:

- COLOR
- EXTERIOR FINISH
- ROOF DESIGN
- PHOTOGRAPHS, PLANS OR DRAWINGS
- CONTRACTOR'S NAME
- LOCATION
- SIZE
- PROPERTY SURVEY COPY (with proposed changes or additions shown)
- DIMENSIONS
- MATERIAL
- UTILITIES
- Landscaping enhancements to your project.

ESTIMATED START DATE: _____ **ESTIMATED COMPLETION DATE :** _____

The PoloView Homeowner's Architectural Control Committee reserves the right to request additional information. Any requests that require additional information are automatically denied. When a completed form with all required information is received, the review process will begin. Requests for multiple changes should be submitted separately. The Architectural Control Committee has 30 days to render a decision. Please submit your requests to: POLOVIEW HOMEOWNER'S ASSOCIATION, INC., Post Office Box #78892, Charlotte, NC 28271. You will receive written notification of the Architectural Control Committee's decision.

Approved by: _____ Date approved: _____
 Approved by: _____ Date approved: _____
 Approved by: _____ Date approved: _____
 Approved by: _____ Date approved: _____
 Approved by: _____ Date approved: _____
 Decision Letter Sent: YES NO Date mailed: _____