



**REQUEST FOR ARCHITECTURAL APPROVAL**

Please fill in all items and supply all supporting data as requested. Incomplete forms will be returned.

**RETURN COMPLETED FORM TO:** HRW, Inc. c/o Whitehall Manor ARC Request  
1183 West Chatham Street Cary, NC 27513  
**Or FAX to:** (919) 469-4831 ATTN: Makini Harris

**Date:** \_\_\_\_\_

**Homeowner Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Lot #** \_\_\_\_\_ **Telephone: [Home]** \_\_\_\_\_ **[Work]** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Project Description** [use separate sheet if necessary]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Construction Materials to be used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Colors** [attach samples if necessary]: \_\_\_\_\_

\_\_\_\_\_

**Estimated start date:** \_\_\_\_\_

**Estimated completion date:** \_\_\_\_\_

**ADJOINING PROPERTY OWNER ACKNOWLEDGEMENT**

Adjoining homeowners must agree to the following statement by providing their signatures:

*"I acknowledge that the homeowner listed above has shown me this architectural request form describing their proposed improvements. I understand that I may make verbal or written comments about these improvements directly to the Architectural Committee at the address provided above."*

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



**This Architectural Request MUST be accompanied by two (2) different drawings:**

- 1. **PLOT PLAN:** showing the improvement (i.e. deck, fence, landscaping, parking pad, garden, etc.) and its relationship/distance to property lines, easements, open space, drainage ditches, neighboring homes, etc. (you received a surveyor’s plot plan of your home at the time of closing.)

**Submission without a Plot Plan/Survey:** I hereby certify that my mortgage company did not require a survey. In lieu of a recorded plot map, I certify that the attached rendering is true, complete, and correctly drawn to scale to the best of my knowledge. As a lot Owner, I accept liability for any inaccuracies that may be proven in the future and release the Association and its Agents from any responsibility.

INITIALS \_\_\_\_\_

- 2. **ELEVATION:** or “head on” view, as would be seen in a photograph. The elevation drawing should show; height, width, distance above finished grade and details of the proposed request. Be specific in order to expedite the architectural review process. *Photographs or brochure pictures are recommended and should be submitted along with this request when available.*

**In applying for the above architectural change, I agree to follow to the best of my ability the changes as described and I have applied for and meet any and all codes, permits or other requirements deemed necessary by county, state or other applicable authority. \_\_\_\_\_ (Homeowners Initials)**

**I understand that this application will be reviewed by the Board of Directors (or its Architectural Committee). I further understand that the Board of Directors (or its Architectural Committee) has the authority to approve, approve with conditions or deny this request and that there is no appeal other than resubmission of a modified request. I further understand that the placement and design of my improvement must meet the architectural guidelines for Whitehall Manor. A variance from standards must be noted by the committee in the comments section below.**

*Please note the Board/Architectural Committee is allowed up to 30 days to render a decision.*

**Homeowner’s signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

//////////////////////////////////// <b>FOR OFFICIAL ARC USE ONLY</b> ////////////////////////////////////	
RECEIVED <b><u>COMPLETE</u></b> APP: _____	DATE REVIEWED: _____
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>APPROVED w/CONDITIONS</b>
<input type="checkbox"/> <b>DENIED</b>	
COMMENTS/CONDITIONS: _____	
_____	
_____	
Signature(s) _____	