

Winding Creek HOA - Request for Architectural Approval

HOMEOWNER NAME:

ADDRESS:

LOT #:

PHONE #

EMAIL ADDRESS:

DATE SUMMITTED:

The Architectural Control Committee has 15 days to review your request. Please wait for written approval before starting any projects.

ADDITION	<input type="checkbox"/>	FENCE	<input type="checkbox"/>	EXTERIOR PAINTING	<input type="checkbox"/>	DECK/PATIO	<input type="checkbox"/>
OUTBUILDING	<input type="checkbox"/>	PORCH	<input type="checkbox"/>	TREE REMOVAL	<input type="checkbox"/>	SITE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>						

DESCRIPTION

IMPORTANT: PLEASE ATTACH A DETAILED DESCRIPTION OF IMPROVEMENTS/MODIFICATION, INCLUDING THE FOLLOWING INFORMATION, IF APPLICABLE, AS WELL AS A PLAT MAP SHOWING LOCATION OF MODIFICATION:

- | | |
|-----------------------------------|---|
| 1. Location | 7. Plans/Drawings/Photo/Brochure |
| 2. Size | 8. Roof Design |
| 3. Color | 9. Exterior Finishes |
| 4. Material | 10. Dimensions |
| 5. Contractor | 11. Utilities |
| 6. Plat Map with Proposed changes | 12. Types of plants, quantities, additions or removal, existing or new plant beds, edge treatment |

Estimated Start Date:

Estimated completion Date:

THE ARCHITECTURAL CONTROL COMMITTEE RESERVES THE RIGHT TO REQUEST MORE INFORMATION TO CLARIFY THE REQUEST. REQUEST FOR MULTIPLE CHANGES SHOULD BE SUBMITTED SEPARATELY.

MAIL APPLICATION TO: WCCSA
Attn: Architectural Control Committee
P.O. Box 10593
Southport, NC 28461

NOTE: The Owner assumes all risk of loss associated with such proposed changes and agrees to hold harmless from any claim of liability, Winding Creek Community Service Association, Board of Directors, Architectural Control Committee, and any of their respective agents and representatives. Owner is responsible for determining property lines locations, and any drainage areas affected by any modifications. Owner is responsible to assure all municipal approvals are received and all municipal and HOA Covenants and Restrictions are adhered to.

ARCHITECTURAL CONTROL COMMITTEE RESPONSE FORM

Date Received

Completed Information Received:

Yes

No

If No, Additional
Information required:

Date Homeowner
notified of need for
additional information:

Date Received
Completed
Information:

Response Date:

Approved:

Approved
with Revision:

Not Approved:

Revisions Required:

Reasons for Denial:

Notes:

ACC Representative (Chairperson) signature:

Date:

WCCSA ACC Legal Auditability:

**Scan signed document and forward to WCCSA President & WCCSA Secretary
Secretary to forward to WCCSA Webmaster for archival record retention**