

LINWOOD FARMS HOA

ARCHITECTURAL REVIEW REQUEST

Send to Cusick Community Management, 8000 Corporate Center Dr, Ste 206
Charlotte, NC 28226. Phone (704) 544-7779 or e-mail to communitysupport@cusickcompany.com

Date Submitted: _____

Date Received: _____

The Architectural Review Committee and the Board has 30 days to review your request and advise you of their decision. Please plan your project start date accordingly. If you should start without approval, legal action may be taken by the HOA without notice.

To insure a quick and complete response to your request;

- Fully complete all requested information on this request.
- Attach additional exhibits/information such as lot survey, plan view or elevation drawings, complete description of materials such as a photograph of proposed item.

NOTE: You, the homeowner, are responsible for securing any necessary building permits or approvals from Iredell County and/or the Town of Mooresville. Any improvements made within a utility easement on your property are subject to relocation or removal, should any future utility maintenance work be required by either Iredell County, Town of Mooresville, or other utility company. The cost of restoration, should this relocation or removal be necessary, is at the homeowner's expense. Restorations must be submitted to the ARC for approval.

Request submitted by: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

e-mail: _____

PLEASE check the following applicable to your project:

Modifications to: Home Fence Patio Other _____

Property Additions: Fence Patio Deck Other _____

PROJECT DESCRIPTION: (Include size, materials being used, colors) _____

Attachments: Any illustrations must include dimensions of modification/addition, including heights (if applicable). Survey should also note distance from modification/addition to house and side and rear lot set back lines.

Survey Required: _____ Elevation Dwgs Req. _____ Illustrations Req: _____ Color Samples Req: _____
(required for fence, sheds and other permanent items to show location)

Estimated Start Date: _____ Estimated Completion Date: _____

Homeowner Signature: _____ Date signed _____

By submitting this request, I agree to perform the work described strictly in accordance with the approved plans and specifications.

FOR ARC USE

Date Received:_____ Complete Information Received: ___ Yes ___ No

If No, Additional Information Required:_____

Date Notified Homeowner need additional information:_____

Date Received Complete Information:_____

Date:_____

Approved:_____

Approved with Revisions:_____

Not Approved:_____

Revisions Required:

Reasons for Denial:

ARC Representative:_____

Received by Board:_____

Approved:_____

Approved with Revisions:_____

Not Approved:_____

Revisions Required:

Reasons for Denial:

Board of Director _____ Date:_____

Notification to homeowner forwarded on:_____ by _____