

The Townes at Old Stone Crossing Homeowners Association
Request for Architectural Approval

Name: _____ Request Date: _____

Street Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

What Is the estimated Start Date? _____ Completion Date? _____

- Type Of Modification:
- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Porch | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Utility Building | <input type="checkbox"/> Pool | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Addition | <input type="checkbox"/> Carport |
| <input type="checkbox"/> Other: _____ | | |

Location: _____

Size: _____

Color: _____

Materials: _____

Contractor Name: _____

Please read and follow these instructions carefully:

1. Attach a detailed description of improvements including:
 - Location, Size, Color, Material, Contractor (if applicable), Plans/Drawings, Pictures/Brochures
2. Attach copy of Property Survey, with proposed changes/additions shown.
3. Please include two (2) complete copies of the request (One will be returned with Committee response).
4. Mail request and supporting documentation to:

The Townes at Old Stone Crossing Homeowners Association
P.O. Box 11906
Charlotte, NC 28220

Please Note:

- Complete one form per change (ex. One request for a garage and one request for a fence). Multiple requests can be mailed in the same envelope.
- A copy of the Property Survey **must** be included for each request or the request will be returned.
- Committee reserves the right to request more information to clarify the request.
- Please allow 3-4 weeks for the approval process.

Committee Use Only

Approved

Denied

Reason for Denial: _____

(Name of Committee Member)

(Signature Of Committee Member)

(Date)