## **Weslyn HOA**

c/o HRW, inc. 4700 Homewood Ct. Suite 380 Raleigh, NC 27609 (919) 787-9000 (919) 783-9534 Fax customercare@hrw.net

## REQUEST FOR ARCHITECTURAL APPROVAL

Submit all requests for changes or additions to HRW, inc. to the address listed above. Please attach any drawings and/or sketches that will aid in making a decision regarding your request.

PROI	PERTY OWNERS NAME:			
PROI	PERTY ADDRESS:	LOT NO.:		
TELEPHONE NUMBER: HM#		WK#		
ESTI	MATED COMPLETION DATE:			
1.	Narrative description of the proposed home and/or landscape improvement chang addition. Cite materials and color(s), to be used. State similarities to existing struct as appropriate. Use a separate sheet of paper if necessary.			
2.		showing all proposed improvements including scaping and lot lines. Two drawings or more are rements including but not limited to:		
A.	Plot Plan – "top down view" – the imp survey to show where the change will b	rovement should be drawn on a copy of your lot e placed.		
B.	Elevation(s) – "side, front, and rear view	v(s)" – one or more as necessary.		
3.	Attach paint or vinyl siding samples, if	applicable. (This includes black and white).		
4.	A permit and inspection by the City of Raleigh may be needed.			
FOR '	THE HRW OFFICE ONLY			
ID#:	Date Received:	Received Bv:		

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4. When the committee reviews this request, your neighbors have the right to comment and present views about your requested improvements. This is not for their approval; it is only to make them aware that there will be changes next door. Please obtain signatures from all property owners having adjoining lot lines with your property, and all property owners who would reasonably view the improvement from their property, i.e., across the street. If the signatures are missing the request can be denied as incomplete. If this should happen, you would need to resubmit with the required information in order to get the request reviewed for approval.

I acknowledge that the requesting property owner has shown (me/us) the architectural request form for the proposed improvement(s) described on this form. I understand that (I/we) may make verbal or written comments directly to the Architectural Review Committee.

<b>DATE</b>	PRINTED NAME	<b>SIGNATURE</b>	<u>ADDRESS</u>
REASON FOR	THE CHANGE/ADDITION		
******	*********	********	*******
ARCHITECTU	RAL COMMITTEE:		
Approved Conditional App Disapproval	oroval		
COMMENTS:_			
Date:			