

Victoria Bay Homeowners Association Request for Architectural Approval

Name: _____ Request Date: _____

Street Address: _____ Lot #: _____

Home Phone: _____ Work Phone: _____ Email: _____

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

Please note that completion date is required to be within 90 days of start date unless approved by ARC

- 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 and Color Photos
2. Attach copy of Property Survey, with proposed changes/additions shown.
3. Please include three (3) complete copies of the request (One will be returned with Committee response).
4. Mail request and supporting documentation to:

**Jorel Association Management
P.O. Box 2191
Davidson, NC 28036**

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, showing all previously submitted/approved changes, 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

Date Received: _____ By: _____

Approved

Denied Reason for Denial: _____

(Name of Committee Member) (Signature Of Committee Member) (Date)

Board Approval *(required for all variances):* Signature: _____ Date: _____

Completion Review: Signature: _____ Date: _____