MOR GAN PR OPER TY MANAGEMENT APPLICATION FOR ARCHITECTURAL IMPROVEMENT

Neighborhood:						
Applicant Name:						
Address:		Email:				
Daytime telephone:		Evening telephone:				
Date of Application:	Intended Start Date:		Intended Comp. Date:			

## **Step 1- Description**

Please provide a detailed description of the request. Use additional sheets as necessary and note that it is helpful to include digital pictures of existing conditions, plot renderings showing boundaries and building locations, landscaping plans of future work, color samples, and architectural renderings of proposed changes\*. Incomplete information may result in the Committee sending the Request back, thereby delaying approval.

## \* The four most common requests and the specific information that should accompany them:

Exterior Painting	Decking	Landscaping	Fences
Provide samples of brand name and color #'s for: - Trim - Shutters - Door - House	Sketch/picture: - Proposed new conditions showing deck dimensions, property lines, etc.	Sketch/picture: - Proposed new conditions.	Sketch: - New fence style, height - Color - Plot map showing property lines and proposed fencing.
Digital Pictures showing: - Your house	Digital Pictures showing: - Existing conditions	Digital Pictures showing: - Existing conditions	Digital Pictures showing: - Existing conditions if you already have a fence.

## Step 2- Inform Neighbor

It is highly recommended that property owners adjacent to the applicant and those who would normally view the improvement from their property be notified. "Agreement" or "Disagreement" by a neighbor does not determine the Committee's decision. Neighbors may contact the Property Manager to voice their concerns or support for a project.

Name	Signature	Address

## Step 3- Sign & Deliver

By initialing here, I certify that in lieu of a recorded plat map, the attached rendering is true, complete, and correctly drawn to scale to the best of my knowledge. As lot Owner, I accept liability for any inaccuracies that may be proven in the future and release the Association, Management and its Agents from any responsibility.



By initialing here, I acknowledge that the Association reviews applications primarily based upon the aesthetic gualities and to a lesser degree, basic construction practices. I, as an Owner, and my contractor are responsible for determining and ensuring that all applicable municipality, county, and state requirements are met and that all necessary permits, variances, etc. are obtained.

*E-mail to:* sheryl@mpmnc.com

Or Mail to: MPM, PO Box 71294, Durham, NC 27722 Or Fax to: (919) 471-4280

Applicant Signature

Date

Committee/ Office Use Only:

Date Received:	Approved	Not Approved	Approved with conditions:			
Date Returned:	Conditions:					
Applicants may expect to receive a response within 10-30 days time.						