

**ST. ALBAN'S SQUARE NEIGHBORHOOD ASSOCIATION**  
**REQUEST FOR ARCHITECTURAL APPROVAL**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOT NO: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

PHONE #'S \_\_\_\_\_

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"/> PLAY EQUIPMENT |
| <input type="checkbox"/> CHANGE EXTERIOR COLOR | <input type="checkbox"/> ADDITION | <input type="checkbox"/> LANDSCAPING    |
| <input type="checkbox"/> SCREEN/STORM DOOR     | _____                             | _____                                   |

ATTACH A DETAILED DESCRIPTION OF IMPROVEMENTS INCLUDING, IF APPLICABLE:

1. Location
2. Dimensions
3. Color(s)
4. Material(s)
5. Name of Contractor
- 6. Copy of Physical Survey/Plot Plan, with proposed changes/additions shown.**
7. Photographs, Catalog Pictures, Plans/Drawings, etc. to help Reviewer understand what is being proposed.

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

DATE REQUEST SUBMITTED: \_\_\_\_\_ DATE RECEIVED BY ASSOCIATION: \_\_\_\_\_

APPROVED BY REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature) (Date Approved)

APPROVAL SUBJECT TO FOLLOWING CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INCLUDE THREE (3) COMPLETE COPIES OF REQUEST, ONE TO BE RETURNED WITH REVIEWER'S RESPONSE. REVIEWER RESERVES THE RIGHT TO REQUEST MORE INFORMATION TO CLARIFY THIS REQUEST. REQUESTS FOR MULTIPLE CHANGES SHOULD BE SUBMITTED SEPARATELY.

ALL APPLICATIONS SHOULD BE MAILED TO: **ST. ALBAN'S SQUARE NEIGHBORHOOD ASSOCIATION, c/o Abbott Enterprises, 5970 Fairview Rd., Suite 710, Charlotte, NC 28210**