Falls Creek Community Association, Inc.

ARCHITECTUAL REQUEST

| Property Owners: | |
|---|---|
| Address: | |
| Phone Number: | Email: |
| | nust submit all required information for your te failure to provide the information may cause a l description below: |
| dimensions (length, width, height, squ For fencing, indicate existing fences (n setback dimensions and location and s 2. Materials list. For landscaping request shown and size of plant type at maturi 3. Indicate color(s) and include paint/sta home. For fencing, please note that wo | orn, a bird's eye view drawn to scale indicating all lare footage, etc.) and distance to property lines. ote you may not attach to an existing fence), plus size of any gate(s). ts, include list of plants to be used with locations ty. ain samples and note if it will match the existing bod fences may only be stained. ct. For tree removal, please include photos of the mas applicable. proposed project type. The numbers in the |
| Fence (1,2,3,4) | Landscaping (1,2,5) |
| Storage Shed (1,2,3,4) | Tree Removal (1,2,4) |
| Deck / Screened Porch (1,2,3,4,5) | Play Equipment (1,2,3,4) |
| Patio (1,2,3,4,5) | Other as applicable (1,2,3,4,5) |
| I understand that this application will be review Committee). I further understand that the Board of authority to approve, approve with conditions or resubmission of a modified request. I further improvement must meet the architectural guideli of such submission. A variance from standards | I Initials REQUIRED on all Applications** wed by the Board of Directors (or its Architectural of Directors (or its Architectural Committee) has the deny this request and there is no appeal other than understand that the placement and design of my nes, regardless of my submission or errant approval must be noted by the committee in the comments be is allowed for up to 30 days to render a decision d. Date |
| | _ |
| | |

Date

Property Owner's Signature(s)

| (Initial Here) Submissions without a Plat Map / Survey: I hereby certify that my mortgage company did not require a survey. In lieu of a recorded plat map, I certify that 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. |
|--|
| (Initial Here) Disclaimer: The Association review applications primarily based upon aesthetic qualities and to lesser degree, basic construction practices. Owners (and their contractors) are responsible for determining and ensuring that all applicable municipalities, county and state requirements are met and all necessary permits, variances, etc. are obtained. Should the requirements set for the municipality, county and state be more stringent / restrictive than those established by the Association, the more stringent / restrictive requirements prevail. |

For a quicker response, please upload your architectural application and supporting documents to your online portal. Login at https://rogerspm.appfolio.com/connect/users/sign in and click on Architectural Review. Follow the instructions. Once uploaded, management and the review committee will receive notification. Please make sure to reply to any requests for additional information promptly so as not to delay the review process. Should you have any questions or need further assistance, please contact HOAManager@rogerspm-nc.com.



Architectural Review Committee Section

Comments/Review/Restrictions

| Reviewer Checklist: | | | | |
|---|------------------------------|-------------------|----------------------|------------------------------------|
| Are plans attached? | □Yes | □ No | | |
| Floor plan attached? | □ Yes | □ No | | |
| Roof design attached? | □ Yes | □ No | | |
| Exterior finish described? | □ Yes | □ No | | |
| Landscaping design? | □Yes | □ No | | |
| Plat Map? | □ Yes | □ No | | |
| Other information require | d? □ Yes | □ No | | |
| For purposes of this app and approved. All parts to your project. This app conditioned on obtaining required. | of the appli proval is go | ication od for | must be complied wit | th, if applicable all projects are |
| Signature | Date | | Signature | Date |
| Signature | Date | | Signature | Date |