

# ARCHITECTURAL REVIEW COMMITTEE APPLICATION

Return to: Key Community Management  
1201 Stallings Road, Matthews, NC 28104  
Phone: (704) 321-1556 Fax: (704) 321-1552

Community Name: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Received: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (w) \_\_\_\_\_  
Address: \_\_\_\_\_

Projected Start and Completion Dates: \_\_\_\_\_ (start) \_\_\_\_\_ (finish)  
Who will be Performing Work? (contractor or homeowner) \_\_\_\_\_

## TYPES OF CHANGES (PLEASE CHECK ALL APPLICABLE ITEMS)

### FENCING:

ALL FENCE APPLICATIONS MUST BE SUBMITTED WITH A LOT SURVEY WHICH IDENTIFIES THE FENCING LOCATION AND DIMENSIONS.

FENCING TYPE (ex. picket, split rail, shadowbox, etc.): \_\_\_\_\_

COLOR/FINISH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

FENCE PURPOSE OR FUNCTION: \_\_\_\_\_

MATERIALS (PRESSURE TREATED PINE, WROUGHT IRON, ETC.) \_\_\_\_\_

Number of Gates: \_\_\_\_\_ (Indicate on Lot Survey)

Do any of the lots which border on your property have an existing fence? \_\_\_\_\_ If yes, please identify on your lot survey any existing fences.

Is your lot a corner lot? \_\_\_\_\_ (yes/no)

Is your lot adjacent to a common open space, pond, berm or sewer/drainage easement? \_\_\_\_\_ (yes/no)

*Please also remember the "finished" side of the fence must face out!*

### HOME EXTERIOR FINISH CHANGES:

Are you changing from the Builder's Original selections? \_\_\_\_\_ If yes, please complete all that pertain below:

*A color sample must be attached for all "new" color changes listed below! Further information or samples may be requested by the committee if necessary.*

Siding Change:

Type:(vinyl, clapboard, etc.) \_\_\_\_\_ Original Color: \_\_\_\_\_ New Color: \_\_\_\_\_

Trim Change:

Type: (wood or aluminum) \_\_\_\_\_ Original Color: \_\_\_\_\_ New Color: \_\_\_\_\_

Paint Change:

Original Base Color: \_\_\_\_\_ New Base Color: \_\_\_\_\_

Original Trim Color: \_\_\_\_\_ New Trim Color: \_\_\_\_\_

Original Accent Color: \_\_\_\_\_ New Accent Color: \_\_\_\_\_

(Please clearly identify all accents to be painted)

Roofing Change:

Original Type/Color: \_\_\_\_\_ New Type/Color: \_\_\_\_\_

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**☐ HOME ADDITIONS, EXTENSIONS, ARCHITECTURAL CHANGES OR RECREATIONAL USES:**

**CHECK ALL THAT APPLY (REFER TO SPECIFICATIONS IN COVENANTS):**

- STORAGE SHED
  - HOUSE ADDITION
  - CHANGES IN HOUSE ELEVATION
  - PATIO/PORCH OR DECK
  - POOL OR SPA
  - LANDSCAPING STRUCTURES
  - PLAY EQUIPMENT
  - ANTENNA OR SATELLITE DISH
  - OTHER:(PLEASE DESCRIBE)\_\_\_\_\_
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*ALL ITEMS LISTED ABOVE MUST BE SUBMITTED WITH A DETAILED PLAN AND SPECIFICATION OF EACH ITEM. PLANS SHOULD INCLUDE A DETAILED ELEVATION AND PLAN VIEW OF THE STRUCTURE. SPECIFICATIONS SHALL INCLUDE ALL COLOR SELECTIONS AND BUILDING MATERIALS TO BE USED. ALL ITEMS MUST BE SUBMITTED WITH A COPY OF THE LOT SURVEY AND ALL STRUCTURE LOCATIONS MUST BE IDENTIFIED ON THE SURVEY. PHOTOGRAPHS OR CATALOG PICTURES ARE ALSO HELPFUL FOR REVIEW.*

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**Notes to the Applicant:**

- 1) Homeowner(s) is responsible for obtaining all necessary permits from the County.
  - 2) All approvals are contingent upon City and County Zoning restrictions for the community.
  - 3) Please submit with this form a detailed description of changes and samples where applicable.
  - 4) Please review the Declaration of Covenants, Conditions and Restrictions for the community prior to completing this application. You must comply with all required setbacks and easements as noted in the Covenants & Restrictions and on the survey for your lot.
  - 5) Installation or changes made prior to receiving proper approval is a violation of the Declaration and could result in penalties and/or fines.
  - 6) The approval by the ARC shall not be construed as a representation, warranty or assurance by the ARC or the Developer that the proposed improvements comply with applicable statutes, laws, ordinances, codes, rules, regulations and requirements and shall not constitute the assumption of any liability on ARC or Developers part for their accuracy or compliance with such statutes, laws, ordinances, codes, rules, regulations and requirements.
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**Please allow 30 days review time for any application.**

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Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

ARC Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ARC Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ARC Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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