

**SKYBROOK SIGNATURE TOWNHOMES  
OWNERS ASSOCIATION, INC.  
ARCHITECTURAL REVIEW BOARD APPLICATION**

Return to: Key Community Management  
1201 Stallings Road, Matthews, NC 28104  
Phone: (704) 321-1556 Fax: (704) 321-1552 Email: janis@keycmi.com

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

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

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**PLEASE CHECK ALL APPLICABLE ITEMS, REFER TO SPECIFICATIONS IN COVENANTS**

- |  |  |
|--|--|
| <input type="checkbox"/> LANDSCAPE ADDITIONS/IMPROVEMENTS  | <input type="checkbox"/> ANTENNA OR SATELLITE DISH |
| <input type="checkbox"/> EXTERIOR MODIFICATION TO DWELLING | <input type="checkbox"/> OTHER: (PLEASE DESCRIBE)  |

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*ALL ITEMS LISTED ABOVE MUST BE SUBMITTED WITH A DETAILED PLAN AND SPECIFICATION OF EACH ITEM. 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 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 ARB shall not be construed as a representation, warranty or assurance by the ARB or the Board of Directors 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 ARB or Board of Directors part for their accuracy or compliance with such statutes, laws, ordinances, codes, rules, regulations and requirements.

**Please allow 30 days review time for any application.**

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

ARB Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments or Conditions: \_\_\_\_\_  
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