

ARCHITECTURAL CONTROL COMMITTEE APPLICATION

SPRING PARK COMMUNITY ASSOCIATION

Return to: Key Community Management

1201 Stallings Road, Matthews, NC 28104

Phone: (704) 321-1556 Fax: (704) 321-1552

Date Submitted: _____

Date Received: _____

Name: _____

Phone: (hm) _____ (wk) _____

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: (REFER TO ARTICLE 7.07)

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: (REFER TO ARTICLE 14.01)

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: _____

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

CHECK ALL THAT APPLY:

- STORAGE SHED (REFER TO ARTICLE 7.14)
 - HOUSE ADDITION (REFER TO ARTICLE 7.17 & 14.01)
 - CHANGES IN HOUSE ELEVATION (REFER TO ARTICLE 7.17 & 14.01)
 - PATIO/PORCH OR DECK (REFER TO ARTICLE 7.17 & 14.01)
 - POOL OR SPA (REFER TO ARTICLE 7.16 & 7.17)
 - LANDSCAPING STRUCTURES (ARTICLE 7.17 & 14.01)
 - PLAY EQUIPMENT (REFER TO ARTICLE 7.18)
 - ANTENNA OR SATELLITE DISH (“*SPRING PARK ANTENNA PLACEMENT NOTIFICATION FORM*” MUST ALSO BE ATTACHED)
 - ✍ 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.

Notes to the Applicant:

- 1) Homeowner(s) is responsible for obtaining all necessary permits from Mecklenburg County.
 - 2) All approvals are contingent upon City and County Zoning restrictions for Spring Park .
 - 3) Please remember to submit with this form a detailed description of changes and samples where applicable.
 - 4) Please review the Declaration of Covenants, Conditions and Restrictions for Spring Park 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 ACC shall not be construed as a representation, warranty or assurance by the ACC or the Developer that the proposed improvements comply with applicable statues, laws, ordinances, codes, rules, regulations and requirements and shall not constitute the assumption of any liability on ACC 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.

Approved: Yes_____No_____

ACC Member Signature:_____

Date:_____

Comments:_____

