

**WOODSIDE FALLS HOMEOWNERS ASSOCIATION  
REQUEST FOR ARCHITECTURAL APPROVAL**

(See Declaration of Covenants, Conditions, and Restrictions of Woodside Falls Subdivision;  
Page 9, Article VI, Architectural Control)

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBERS:** (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

**TYPE OF MODIFICATION:**

\_\_\_\_ Addition      \_\_\_\_ Fence      \_\_\_\_ Exterior Painting      \_\_\_\_ Siding  
\_\_\_\_ Outbuilding      \_\_\_\_ Porch      \_\_\_\_ Deck      \_\_\_\_ Other

(Describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Please attach a detailed description of improvements/modifications, to include the following information as applicable:

- |             |   |                    |
|-------------|---|--------------------|
| 1. Location | 5. Contractor   | 8. Roof Design     |
| 2. Size     | 6. Copy of Property Survey w/proposed changes/additions shown | 9. Exterior Finish |
| 3. Color    | 7. Plans/Drawings   | 10. Dimensions     |
| 4. Material |   | 11. Utilities      |

What is your estimated start date? \_\_\_\_\_

What is your estimated completion date? \_\_\_\_\_

The Architectural Committee reserves the right to request more information to clarify the request. Requests for multiple changes shall be submitted separately. The Architectural Committee has up to thirty (30) days from submission of said plans and specifications to render a decision.

**Please mail to: Key Community Management, 1201 Stallings Road, Matthews, NC 28104  
Or fax to: 704-321-1552**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_