



ARCHITECTURAL

**Beau Pré at Stony Hill
Homeowners Association Inc.**

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

In order for your application to be reviewed, you must submit all required information for your application to be deemed complete. Please note failure to provide this information may cause a delay in the review process. Provide a detailed description below:

Each request must be accompanied by the following additional information:

1. Plot Plan with location of project shown, a bird's eye view drawn to scale indicating all dimensions (length, width, height, square footage) and distance to property lines. For fencing, indicate existing fences and if you will be attaching or abutting, plus setback dimensions and location and size of any gate(s).
2. Materials List. For landscaping requests, include list of plants to be used with locations shown and size of plant type at maturity.
3. Indicate color(s) and include paint/stain samples and note if it will match the existing home.
4. Provide photos of proposed project. For tree removal, please include photos of the tree(s) marked with an "X".
5. Drainage Plan and/or landscaping plan as applicable.

Please mark the box with an "X" beside your proposed project type. The numbers in parentheses correspond to the required attachments for each project.

<input type="checkbox"/> Fence (1,2,3,4)	<input type="checkbox"/> Landscaping (1,2,5)
<input type="checkbox"/> Storage Shed (1,2,3,4)	<input type="checkbox"/> Tree Removal (1,2,4)
<input type="checkbox"/> Deck/Screened Porch (1,2,3,4,5)	<input type="checkbox"/> Play Equipment (1,2,3,4)
<input type="checkbox"/> Patio (1,2,3,4,5)	<input type="checkbox"/> Other as applicable (1,2,3,4,5)

****PLOT PLAN, RENDERING, SIGNATURE AND INITIALS REQUIRED ON ALL APPLICATIONS****

REQUIRED: All directly adjoining neighbors' signatures for any exterior modification.

My signature acknowledges I am aware of my neighbor's proposed improvement(s)/addition(s). If I have any concerns or questions about the proposed project I will direct them to the Board of Directors and/or Architectural Committee.

NAME	SIGNATURE	ADDRESS	LOT #

I understand that this application will be reviewed by the Board of Directors (or its Architectural Committee). I further understand that the Board of Directors (or its Architectural Committee) has the authority to approve, approve with conditions or deny this request and that there is no appeal other than resubmission of a modified request. I further understand that the placement and design of my improvement must meet the architectural guidelines, regardless of my submission or errant approval of such submission. A variance from standards must be noted by the committee in the comments section below. Please note the Board/Committee is allowed up to 30 days to render a decision from the date the complete application is received.

Signature Date

Initial Here

Submission 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 reviews applications primarily based upon aesthetic qualities and to a 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 forth by the municipality, county and state be more stringent/restrictive than those established by the Association, the more stringent/restrictive requirements prevail.

You may submit your application via E-mail (ARC@MYCMG.com), Fax (704) 509-2429, US Mail to:

**Beau Pré at Stony Hill HOA
Care of Cedar Management
Po Box 481349
Charlotte NC 28221**