

**ASHLEY WOODS SECTION III  
REQUEST FOR ARCHITECTURAL APPROVAL**

HOMEOWNER NAME: \_\_\_\_\_

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

LOT #: \_\_\_\_\_

PHONE #s: Daytime: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**The Architectural Review Committee has 30 days to review your request.  
Please wait for written approval before starting any projects.**

TYPE OF MODIFICATION:

\_\_\_\_ ADDITION    \_\_\_\_ FENCE    \_\_\_\_ EXTERIOR PAINTING    \_\_\_\_ DECK/PATIO

\_\_\_\_ OUTBUILDING    \_\_\_\_ PORCH    \_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_ LANDSCAPE MODIFICATION (DESCRIBE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A DETAILED DESCRIPTION OF IMPROVEMENTS/MODIFICATIONS, INCLUDING THE FOLLOWING INFORMATION, IF APPLICABLE, AS WELL AS A PLAT MAP SHOWING LOCATION OF MODIFICATION:**

- |  |   |
|--|---|
| 1. Location  | 7. Plans/Drawings/Photo/Brochure  |
| 2. Size  | 8. Roof Design  |
| 3. Color   | 9. Exterior Finish  |
| 4. Material  | 10. Dimensions  |
| 5. Contractor  | 11. Utilities   |
| 6. Copy of Property Plat Map, with Proposed changes/ Additions shown | 12. Types of plants, quantities, addition or removal, existing or new plant bed, edge treatment |

WHAT IS YOUR ESTIMATED START DATE? \_\_\_\_\_

WHAT IS YOUR ESTIMATED COMPLETION DATE? \_\_\_\_\_

**THE COMMITTEE RESERVES THE RIGHT TO REQUEST MORE INFORMATION TO CLARIFY THE REQUEST. REQUESTS FOR MULTIPLE CHANGES SHOULD BE SUBMITTED SEPARATELY.**

ALL APPLICATIONS SHOULD BE MAILED To: 4125-G, Walker Avenue, Greensboro, NC 27407.

Or emailed to [pat@slatterinc.com](mailto:pat@slatterinc.com) or [andrea@slatterinc.com](mailto:andrea@slatterinc.com)

**\*\*NOTE: Homeowner is responsible to assure all municipal approvals are received and that all municipal and HOA Covenants & Restrictions are adhered to. Homeowner is responsible for any drainage areas affected by any modifications.**

**ASHLEY WOODS SECTION III ARCHITECTURAL COMMITTEE RESPONSE FORM**

*This form to be filled out by the Architectural Review Committee*

**HOMEOWNER NAME:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**BRIEF DESCRIPTION OF REQUEST:**

\_\_\_\_\_

Date Received: \_\_\_\_\_ Complete Information Received: \_\_\_ Yes \_\_\_ No

<p>If not complete, Additional Information Required: _____</p> <p>_____</p> <p>Date Notified Homeowner need additional information: _____</p> <p>Date Received Complete Information: _____</p>
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Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Approved with stipulations: \_\_\_\_\_ (list below)

Not Approved: \_\_\_\_\_

Stipulations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for denial and/or suggested changes for resubmission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARC Representative: \_\_\_\_\_

Notification to homeowner forwarded on: \_\_\_\_\_ by \_\_\_\_\_