## Architectural Review / Request

## Community Name: River Gate REQUEST FOR ARCHITECTURAL APPROVAL

HOMEOWNER NAME-

ADDR	RESS:						
LOT #:		CONTACT: Work Phone: Home Phone: E-Mail:					
SUBMITTAL DATE:							
TYPE (	OF MODIFICATIO	N:					
ADDIT	ION	FENCE	EXTER	IOR PAINTIN	IG	DECK/PATIO	
OUTB	UILDING	PORCH	OTHER	R:			
LANDS	SCAPE MODIFICA	ATION (DESC	RIBE)				
IMPRO		FICATIONS, I	NCLUDII	NG THE FOL	LOWING	INFORMATION, IF ON OF MODIFICATION:	
1.	Location		7.	Plans/Drawi	ings		
2.	Size		8.	<b>Roof Design</b>			
3.	Color	9.	<b>Exterior Fin</b>	ish			
4.	Material		10.	Dimensions	;		
5.	Contractor		11.	Utilities			
6.	Copy of Proper	ty	12.	Types of pla	ants, quai	ntities, addition or	
	Survey, with Proposed chang Additions show	ges/ m		removal, ex treatment	isting or	new plant bed, edge	
WHAT WHAT	IS YOUR ESTIMA	ATED START ATED COMPL	DATE?_ ETION D	ATE?			
INFOR COMP REQUI	MATION TO CILETE UNTIL ALESTS FOR MULT	LARIFY THE LL INFORMA IPLE CHANG	REQUE TION HA ES SHO	ST. REQU AS BEEN R ULD BE SUB	JESTS A ECEIVED MITTED S	IT TO REQUEST MORE  RE NOT CONSIDERED  BY THE COMMITTEE.  SEPARATELY. WE HAVE  DR ANY REQUEST.	
ALL A	PPLICATIONS SI	HOULD BE SE	NT TO:				
3625 N Greens	nstruction, LLC I Elm Street; 110- sboro, NC 27455 buddy@ebregal.						
APPRO	OVED BY:				Date:	:	
DENIE	D:	REASON:					

\*\*NOTE: You must attach a lot survey showing location of modification. Homeowner is responsible to assure all municipal approvals are received and that all municipal and Covenants, Conditions & Restrictions are adhered to. Homeowner is responsible for any drainage areas affected by any modifications.