

# ARCHITECTURAL REVIEW REQUEST

c/o CEPCO

1628 DOCTORS CIRCLE

WILMINGTON, NC 28401

(910) 395-1500 Main (910) 395-6229 Fax

Email – arc@cepco-nc.com

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Crucial Date \_\_\_\_\_

Date Sent to Committee \_\_\_\_\_

Date Rcvd From Committee \_\_\_\_\_

CM \_\_\_\_\_

Request # \_\_\_\_\_

ARCHITECTURAL APPROVALS ARE GRANTED PURSUANT TO APPLICABLE COVENANTS, CONDITIONS AND RESTRICTIONS (CC&R's). It is the responsibility of the owner to assure their project is compliant with all CC&R's, Association Policies, Architectural Guidelines, and Rules and Regulations, if applicable.

For the Owner: Please completely fill out Sections 1, 2, 3 and 4 below for your submittal. Leave no line blank. If question does not apply to your request, please indicate with "Not Applicable" or "N/A".

Important Note: Beginning any work on an unapproved submission may subject the applicant to corrective measures by the Association, including removal and/or restoration of the project at the Owner's expense.

## **SECTION 1 – GENERAL INFORMATION**

Name of HOA (Not CEPCO): \_\_\_\_\_

Owner Name(s) (print): \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Project Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Best Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

## **SECTION 2 – ARCHITECTURAL REVIEW REQUEST SPECIFICS**

**TYPE OF ADDITION OR CHANGE(S) REQUESTED:**

\_\_\_\_\_

**DETAILED DESCRIPTION OF PROJECT AND/OR IMPROVEMENT:**

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

**DOES YOUR PROJECT REQUIRE A DUMPSTER? : YES NO**

**ESTIMATED DATE OF COMPLETION:** \_\_\_\_\_, 20\_\_\_\_

**NAME OF COMPANY/CONTRACTOR EXPECTED TO PERFORM WORK:** \_\_\_\_\_

Note: It is the responsibility of the owner to ensure all contractors on your project adhere to all HOA regulations.

### **ADDITIONAL REQUIREMENTS**

1. *Attach a copy of your lot layout showing the exact location of the proposed improvement(s).*
2. *Impervious square footage should be included for any exterior improvements and installations.*
3. *For fencing requests, mark your lot layout clearly and show any existing fencing.*
4. *Measurements from existing structures and property lines must be shown.*
5. *Additional illustrations or information may be required by the ARC Committee, if necessary for adequate review consideration.*

**IMPERVIOUS SQUARE FOOTAGE:** If your project is adding additional impervious square footage, fill in the blanks below:  
Impervious square footage already in existence on lot: \_\_\_\_\_

Note: This must include the entire footprint of the home (heated square footage plus the garage space), porches, patios, driveways, sidewalks (including any impervious areas between the front lot line of the property and the edge of the street pavement), sheds and other similar structures, asphalt, concrete, gravel, brick, stone, slate, pavers, coquina, and parking areas.

Additional square footage added with this project (if any) \_\_\_\_\_ New total impervious square footage: \_\_\_\_\_

### **SECTION 3 – ATTACHMENTS FOR THIS REQUEST**

**ENCLOSED ATTACHMENTS: (Check all that apply)**

\_\_\_\_ *Surveyor Plot Plan* \_\_\_\_ *Specification Sheet* \_\_\_\_ *Drawing(s)* \_\_\_\_ *Product or Manufacturer's Brochure(s)*  
\_\_\_\_ *Product / Paint Sample(s)* \_\_\_\_ *Other Supporting Documents/Information*

### **SECTION 4 – ACKNOWLEDGEMENTS AND SIGNATURE (REQUIRED)**

**I fully understand and agree:**

1. Work on the project has not, nor will be, started until approval is received in writing from CEPCO or the ARC Committee.
2. I understand that my improvements must be completed per specifications or approval is withdrawn.
3. I am responsible for the timely completion of the project and the prompt removal of any related debris. Refer to HOA Guidelines for specific project timeline requirements, if applicable.
4. It is my responsibility to comply with the zoning, building codes laws, etc., of all governmental authorities. I understand that Association approval does not constitute approval of the local building department and that I may be required to obtain a building permit.
5. It is my responsibility to ensure all contractors are properly insured and require a Certificate of Insurance.
6. If an easement exists on my property, it will be located before any work begins.
7. I will follow the rules of the Protective Covenants, Architectural Guidelines and Rules and Regulations.
8. Approval by ARC is for aesthetic considerations only and does not represent structural integrity or soundness of construction.
9. Submission of this request gives permission of a member/members of the ARC Committee/Board of Directors to walk the owner's property to view/inspect the proposed project request before being started as well as upon completion.

Homeowner Signature is Required. No substitutes allowed. Failure to sign will result in a returned application to the owner.

Owner Name(s): \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_  
(Signature)

Please submit your completed request to:

***ARC Review Request, c/o CEPCO, 1628 Doctors Circle, Wilmington, NC 28401***  
***Fax: (910) 395-6229 or Email: arc@cepco-nc.com***

**Do not fill out below this line**

### **SECTION 5 – FOR ARCHITECTURE REVIEW COMMITTEE (ARC) USE ONLY**

Application Received at CEPCO by \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

ARC Committee Preliminary Decision: **APPROVED** \_\_\_\_ **APPROVED SUBJECT TO** \_\_\_\_ **DENIED** \_\_\_\_

Approval/Denial Conditions: \_\_\_\_\_

ARC Committee Final Decision: **APPROVED** \_\_\_\_ **APPROVED SUBJECT TO** \_\_\_\_ **DENIED** \_\_\_\_

Reasons for Denial: \_\_\_\_\_

ARC Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_  
(Signature)