



Application for Architectural Improvement

Applicant's Name:		
Address:	E-mail:	
Daytime telephone:	Evening telephone:	
Date of Application:	Intended Start Date:	Intended Comp. Date:

Step 1- Description

Please provide a detailed description of the nature of the request. It is helpful to include digital pictures of existing conditions, plot renderings showing boundaries and building locations, landscaping plans of future work, color samples, or architectural renderings of proposed changes. Use additional sheets as necessary.

Step 2- Inform Neighbor

All property owners adjacent to the applicant and those who would normally view the improvement from their property must sign below. "Agreement" or "Disagreement" by a neighbor does not determine the Committee's decision. *Neighbors are encouraged to contact the Committee to voice their concerns or support for a project.*

Name	Signature	Address	How do you feel about the improvement?		
			Agree	Disagree	Don't Care
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3- Sign & Deliver

By initialing here, I certify that in lieu of a recorded plat map, 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.

By initialing here, I acknowledge that the Association reviews applications primarily based upon the aesthetic qualities and to a lesser degree, basic construction practices. I, as an Owner, and my contractor are responsible for determining and ensuring that all applicable municipality, county, and state requirements are met and that all necessary permits, variances, etc. are obtained.

_____ Applicant's Signature _____ Date

Scan and e-mail to: ACC@DurantTrace.org
Or Mail to: Pindell-Wilson Property Management, PO Box 20969, Raleigh, NC 27619
Or Fax to: (919) 676-2721

Committee Use Only:

Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with conditions:
Date Returned:	Conditions:
<i>The Committee shall attempt to review & respond within 10 days time.</i>	