

ARCHITECTURAL REVIEW REQUEST

c/o **Blue Atlantic Management (BAM)**

5129 Oleander Dr. Ste. 101

WILMINGTON, NC 28403

(910) 910-393-3130 FAX (910) 910-395-4343

Email –Thomas@Bamgt.com

FOR OFFICE USE ONLY

Date Received _____

Crucial Date _____

Date Sent to Committee _____

Date Rcvd From Committee _____

CM _____

Request # _____

CHAPMANS RIDGE 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: _____

Owner Name(s) (print): _____ Date: _____ Year _____

Project Address: _____ Lot #: _____

Contact Number: (_____) _____ - _____ Email Address _____

SECTION 2 – ARCHITECTURAL REVIEW REQUEST SPECIFICS

TYPE OF ADDITION OR CHANGE(S) REQUESTED:

DETAILED DESCRIPTION OF PROJECT AND/OR IMPROVEMENT and ANY PHOTO DESCRIPTIONS:

DOES YOUR PROJECT REQUIRE A DUMPSTER? : YES NO

ESTIMATED DATE OF COMPLETION: _____ Year _____

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.

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: _____

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.

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 BAM 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. If an easement exists on my property, it will be located before any work begins.
6. I will follow the rules of the Protective Covenants, Architectural Guidelines and Rules and Regulations.
7. Approval by ARC is for aesthetic considerations only and does not represent structural integrity or soundness of construction.

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

Owner Name(s): _____ Date: _____ Year _____
 (Signature)

Please submit your completed request to:

ARC Review Request, c/o BAM, 5129 Oleander Dr. Ste. 101, Wilmington, NC, 28403
Fax: (910) 395-4343 or Email: Thomas@Bamgt.com

Do not fill out below this line

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

Application Received at BAM by _____ Date: _____ Year _____

ARC Committee Final Decision **APPROVED** _____ **APPROVED SUBJECT TO** _____

Conditions: _____

ARC Committee Final Decision **DENIED** _____

Reasons for Denial: _____

ARC Committee Member: _____ Date: _____ Year _____
 (Signature)