



**SUPERIOR**  
 Association Management, LLC

*Providing Superior service to our communities - one homeowner at a time*

REQUEST FOR ARCHITECTURAL APPROVAL

(Please fill in all items and supply all supporting data as requested.  
 Incomplete forms may cause delays in review of your application.)

**Board/ ARC Committee has up to 30 days to approve**

\_\_\_\_\_  
 Property Owner's Name Request Date

\_\_\_\_\_  
 Community Property Address Lot #

\_\_\_\_\_  
 Home Phone Daytime Phone Email

If you have not done so, please review the Declaration of Covenants, Codes and Restrictions *before* submitting your request. If you have any questions, please contact Superior Association Management for verification. The intent of this request is to maintain consistency throughout the community and compliance with the community governing documents.

Type of Architectural Improvement

- |   |   |
|---|---|
| <input type="checkbox"/> Fence/Retaining Wall                       | <input type="checkbox"/> Arbor/Overhang       |
| <input type="checkbox"/> Deck/Patio                                 | <input type="checkbox"/> Greenhouse/Sunroom   |
| <input type="checkbox"/> Dog House/Run                              | <input type="checkbox"/> Driveway/Walkway     |
| <input type="checkbox"/> Swimming Pool/Spa                          | <input type="checkbox"/> Garage/Exterior Door |
| <input type="checkbox"/> Gazebo/Shed/Play Equipment                 | <input type="checkbox"/> Remodeling/Addition  |
| <input type="checkbox"/> Landscaping (bushes, flowers, trees, etc.) |   |

Materials to be Used

- |                                |                                       |                                |                                 |
|--------------------------------|---------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Wood  | <input type="checkbox"/> Concrete     | <input type="checkbox"/> Stone | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Wrought Iron | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Other  |

Additional Comments/Description:

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

Who will be doing the work?

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Estimated Start Date

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Estimated Completion Date

This architectural request **MUST** be accompanied by the items listed below or your application will be **DENIED** and returned back to you:

1.) LAND SURVEY - showing your property lines of your land. You must use a surveyor's land survey, which you received at closing. Please draw in the proposed addition. We must have measurements as it relates to your home, the property lines, and any easements which may apply. If covenants allow you may use your property lines dimensions from your local county's GIS website if you do not have a land survey.

2.) PICTURE- You must provide a picture or brochure of what the improvement will look like. Paint or roofing samples may be required.

All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records. **The Board/Architectural Committee is allowed up to 30 days from the date of receipt to approve your request.** Failure to include any of the required information will suspend the 30-day review period until all required information is received by the Association. Any questions before submitting please call our office at 704-875-7299.

HOMEOWNER ACKNOWLEDGEMENT

(Each Statement **must be initialed**. This insures the HOA you have read and understood the acknowledgments.)

I understand

1. ... that my proposed improvement must comply with the Use Restrictions for the community as stated in the Declaration of Covenants, Codes and Restrictions. \_\_\_\_\_
2. ...that I am responsible for compliance with all building codes, safety requirements and governmental laws, regulations, codes and ordinances which will require you to obtain all building permits required by the city or county. \_\_\_\_\_
3. ...that I am responsible for replacing and/or repairing, at my sole expense, any damages to Association common areas as well as other homeowner residences, (i.e. grass, walking areas, trees, buildings, roads, etc.) as a result of making approved modifications. \_\_\_\_\_
4. ...that submitting a request for architectural approval does not waive my responsibility to obtain a mandatory building permit from the proper governmental entities. \_\_\_\_\_
5. ...that approval does not guarantee the structural adequacy, capacity or safety features of the proposed modification. \_\_\_\_\_

6. ...that approval does not guarantee the location of the proposed modification is free from possible hazards from flooding or any other possible hazard, whether caused by conditions occurring on or off the property. \_\_\_\_\_

7. ...that there are various easements within the community and on particular lots which have been granted to the city, county, utility companies or other parties requiring easements, and that no improvements or permanent structures shall be erected or maintained within or upon said easements. The easements are shown on the recorded plat and will be listed on the homeowner's title insurance at closing. \_\_\_\_\_

8. ...that submitting a request for architectural approval does not guarantee that any construction or exterior alteration undertaken by me *before* approval will be accepted. Homeowner may be required to restore the property to its former condition at his own expense if this application is disapproved, wholly or in part. \_\_\_\_\_

9. ...that any variation from the original application must be resubmitted for approval. \_\_\_\_\_

10. ...that members of the Architectural Control Committee are permitted to make a routine inspection. \_\_\_\_\_

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:

Superior Association Management  
PO Box 2427  
Huntersville, NC 28070  
FAX: 704-875-7177  
Please email form to: [ARC@Superioram.net](mailto:ARC@Superioram.net)

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(FOR ARCHITECTURAL COMMITTEE USE ONLY)

Approved      Not Approved      Conditional Approval      Insufficient Information

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACC Representative Signature \_\_\_\_\_

Date \_\_\_\_\_