**BELHAVEN VILLAGE AT HOLLINGSWORTH PARK HOMEOWNERS ASSOC.**

**APPLICATION FOR MODIFICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*PLEASE ALLOW UP TO 30 DAYS AFTER SUBMISSION FOR REVIEW AS OUTLINED IN THE DECLARATION OF COVENANTS SET FORTH FOR THE ASSOCIATION. YOU DO NOT HAVE PERMISSION TO START THE SUBMITTED PROJECT UNTIL YOU HAVE RECEIVED WRITTEN APPROVAL.** Please see below for exterior modification categories. Check the project you are requesting for review and all supporting documentation. If the application is submitted without all of the supporting documentation it could result in an automatic denial and will be returned as incomplete.

\_\_\_\_ **Fences:**

Fence Height: \_\_\_\_5’ Only

Fence Material: \_\_\_\_\_Aluminum \_\_\_\_\_Wrought Iron

Fence Color: \_\_\_\_\_Black Only

Please include survey showing property lines, a photograph of the fence requested, a drawing showing the location of the fence installation in relation to the home. The drawing and details should include the height of the fence, length and gate placement and the type and style of the fence to be installed.

\_\_\_\_ **Landscape:** Please provide the name of all plant material, a drawing showing the location of installation and pictures.

\_\_\_\_ **Exterior Sculpture/Water Features:** Please provide a description of item requested, photos, location showing item placement.

\_\_\_\_ **Play/Recreational Equipment:** Please provide a photo of the requested equipment, manufacturer name, model number and style and a drawing or picture showing the location requested for installation in relation to the home.

\_\_\_\_ **Painting:** Please provide the paint manufacturer, type, color including number and swatch samples and location for paint in relation to the home. Examples: Body, trim, shutters, front/back door, garage doors, gutters etc.

\_\_\_\_ **Roof:** Please provide the manufacturer type, color, style and state if this will be different then the style and color originally installed. Please provide a photo of the actual shingle or a web link for review.

\_\_\_\_\_**Satellite Dish/Antenna**: All satellite dishes/antennas can be installed on the rear corner of the roof unless a letter from the service provider states another location is required to obtain service. Please provide a photo showing where the dish/antenna is to be installed.

\_\_\_\_ **Structural Addition/Modification:** Please provide a detailed description of the addition/modification requested, survey of property, drawing/plans showing the dimensions of the request which also includes a before and after look of the project. \*\*\*Also, include all items listed under the fence, landscape, painting and roof categories if any of these items will be included in the requested project. **Homeowner will be solely responsible for obtaining and meeting all of the requirements set forth by the City and/or County.**

**\_\_\_\_\_Tree Removal:** Please provide a photo showing the tree and its actual location and include whether there are plans to relocate the tree or remove it permanently. **Homeowner will be solely responsible for meeting all of the requirements set forth by the City and/or County for tree removal.**

**\_\_\_\_\_Other:** Please provide a detailed written description of project. Please also provide a survey, drawing, photos, and any other helpful information to be reviewed with the request. Providing as much documentation in advance will help in preventing an automatic denial upon submission.

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**IMPORTANT NOTICE: For your protection, inquire with the City, County and/or other government agency regarding required permits before starting any work on your property including new construction, alterations, or additions, etc.**

**APPROVAL OF ANY STRUCTURE OR ARCHITECTURAL CHANGE BY THE ACC IS IN NO WAY A CERTIFICATION THAT THE STRUCTURE OF ARCHITECTURAL CHANGE HAS BEEN BUILT IN ACCORDANCE WITH GOVERMENTAL OR COUNTY RULES OR REGULATIONS OR THAT THE STRUCTURE COMPLIES WITH SOUND BUILDING PRACTICE OR DESIGN.**

Signature of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THE COMPLETED APPLICATION TO:**

 Post Office Box 5539

Greenville, South Carolina 29606-5539

Office: (864) 438-5086 Fax: (864) 467-5086

E-mail: ckellar@nhe-inc.com

**TO BE COMPLETED BY THE BOARD OF DIRECTORS OR DESIGNATED COMMITTEE**

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

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Directors or Designated Committee Action:

\_\_\_\_\_ Approved as Submitted

\_\_\_\_\_ Conditionally Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Withdrawn

\_\_\_\_\_ Returned for Insufficient Information

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_