Glen Ridge Owners' Association Architectural Change Request Application

Name	:					Reques	t Date:					
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Home	Phone:	Wo	rk Phone:			Email:						
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/Vhat	ls the estimated	Start Date?				Comple	tion Da	ate?				
	Type Of I	Privacy I	Barrier		Satellite Disl	1						
	Type Of Modification:			Landscaping								
			Lighting									
			Other:				•					
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	Materia	-										<u>—</u>
	Contractor Nam	ne:										_
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leas		ow these instruction a detailed description		nto includin	~•							
	i. Allacii	Location, Size, Colo				ole), Plans/Dra	wings					
		copy of Property Surve		~		ons shown.						
	3. Mail Ar	chitectural Application	n to the addr	ess listed be	elow.							
			e Owners' A			•						
		13000 S.	Γryon St. Su		agemen	τ						
		Charlotte	NC 28278									
	e Note:		0					.				
•	the same er	ne form per change (e nvelope	x. One reque	est for a flag	and on	e request for a	tence). Mu	itiple i	reques	sts can	be mailed in
•	Board/Comr	mittee reserves the rig					iest.					
•	Please allov	v 30-45 days for the ap	provai proce	ess per the g	overning	g documents.						
			E	Board/Com	nmittee	Use Only						
	Approved	Modifications (any):	if									
	Denied	Reason for De	nial:									
	Conditional	Modifications	(if									
Ш	Approval	any):										
_		any): Board/Committe										

Glen Ridge Owners' Association Correspondence:

Community Services Tel: (704) 583-8312 Fax: (704) 665-5642

SATELLITE DISH SPECIFICATIONS

If you are interested in installing a Satellite Dish, the following guidelines have been established by the Board of Directors:

Maximum of one satellite dish (functional or not) per unit, to be located on the rear roof of the unit with satellite and wiring to be installed in an inconspicuous manner. Pole installations will not be approved. The owner is responsible for any future damage to the property occurring from the installation or removal of the satellite dish, wiring, etc.

I have read the above guidelines and understand that if the installation of my proposed architectural request is not in full compliance with the above, that I will be asked to remove or correct the errors at my expense. I also acknowledge that I and future owners of my unit assume any damage, now or in the future that will occur to my unit and/or common area. By assuming this risk, I acknowledge that I or future owners will be financially responsible for all repairs, now or in the future, that occur in relation to this requested improvement.

(Print Homeowner's Name)	(Ho	(Date)		
Address:	City:	State:	Zip:	
NOTE: DO NOT MAKE ANY C WRITING FROM THE BOARI				

> A signed copy of this Application

SUBMIT THE FOLLOWING:

- > A copy of your plat or survey, with the fence lines sketched in dimensions
- > A drawing showing the planned view of the fence layout with all dimensions noted
- > Fill out an Architectural Request form and mail it to the address listed above *Please allow 30-45 days for the approval process* per the governing documents.