



Lumina Community Management, Inc.
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REQUEST FOR ARCHITECTURAL APPROVAL

Submit all requests for changes or additions to the address or email listed above. Please attach any drawings and/or sketches that will aid in making a decision regarding your request.

DATE: _____

PROPERTY OWNERS NAME: _____

PROPERTY ADDRESS: _____ **LOT NO.:** _____

TELEPHONE NUMBER: HM# _____ **WK#** _____

ESTIMATED COMPLETION DATE: _____

1. Narrative description of the proposed home and/or landscape improvement change or addition. Cite materials and color(s), to be used. State similarities to existing structures as appropriate. Use a separate sheet of paper if necessary.

2. Please attach drawings to this request showing all proposed improvements including relationships to existing structures, landscaping and lot lines. Two drawings or more are needed to clearly show proposed improvements including existing structures:
 - A. Plot Plan – “top down view” – the improvement should be drawn on a copy of your lot survey to show where the change will be placed.
 - B. Elevation(s) – “side view(s)” – one or more as necessary.
3. Attach paint samples, if applicable. (This includes black and white).
4. A permit and inspection by Wake County may be needed.

5. While the committee reviews this request, your neighbors have the right to comment and present views about your requested improvements. This is not for their approval, but to make them aware that there will be changes next door. Please obtain signatures from all property owners having adjoining lot lines with your property, and all property owners who would reasonably view the improvement from their property, i.e., across the street. If the signatures are missing the request can be denied as incomplete. If this should happen, you would need to resubmit with the required information in order to get the request reviewed for approval.

I acknowledge that the requesting property owner has shown (me/us) the architectural request form for the proposed improvement(s) described on this form. I understand that (I/we) may make verbal or written comments directly to the Architectural Committee.

<u>DATE</u>	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REASON FOR THE CHANGE/ADDITION _____

ALL PROJECTS MUST BE COMPLETED WITHIN A 12 MONTH TIME FRAME

FOR Lumina Community Management OFFICE ONLY

ID#: _____ **Date Received:** _____ **Received By:** _____

ARCHITECTURAL COMMITTEE:

Approved _____
Conditional Approval _____
Disapproval _____

COMMENTS: _____

Signed: _____ **Date:** _____