## SKYBROOK RIDGE TOWNHOMES COMMUNITY ASSOCIATION ARCHITECTURAL REVIEW BOARD APPLICATION

Date: Submitted	Received	
Name:	Phone: (h)	(w)
Physical Address:		
Email Address:		
Projected Dates:	(start)	(completion)
Who will be performing work? (contractor or	owner)	
CHECK ALL APPLICABLE ITEMS AND REFER TO	SPECIFICATIONS IN (	CONDITIONS, COVENANTS AND RULES
( ) LANDSCAPE ADDITIONS/IMPROVEMENTS		
( ) EXTERIOR MODIFICATION TO DWELLING		
ALL ITEMS LISTED ABOVE MUST BE SUBMITT	TED WITH A DETAILEI	D PLAN AND SPECIFICATION OF EACH
ITEM. ALL ITEMS MUST BE SUBMITTED W	VITH A COPY OF TH	E LOT SURVEY AND ALL STRUCTURE
LOCATIONS MUST BE IDENTIFIED ON THE SU	JRVEY. PHOTOGRAP	HS OR CATALOG PICTURES ARE ALSO
HELPFUL FOR REVIEW		
I (we), the applicant(s) herein, certify and rep	resent as follows:	
1. I (we) are the legal owner(s) of the above of	described property.	
2. Owner(s) is responsible for obtaining all ne	ecessary permits and i	inspections from the County.
3. The work, if approved, will be done promp		· · ·
4. I (we) accept and acknowledge that t		· · · ·
improvement/change shall solely be mine (ou		
5. All work and the consequences thereof are		
hold the Townhomes Community Associatio		Directors harmless on account of any
consequences resulting from this approval, if	_	
6. No representation by the Townhomes	Community Associati	on or the Board of Directors, either
expressed or implied, is assumed hereby.		
	VIEW TIME FOR ANY	APPLICATION
Owner Signature:		
Approved: YesNo		
ARB Member Signature:		Date:
Comments or Conditions Applied:		

Return to: Key Community Management, Inc. 1201 Stallings Road, Matthews, N.C. 28104

Phone: (704) 321-1556 Fax: (704) 321-1552 Email: janis@keycmi.com