

LAKE NORMAN WOODS HOA
ARCHITECTURAL REVIEW FOR MODIFICATION APPLICATION
lknwoods@gmail.com

Owner(s) _____ Lot # _____

Address _____

Phone # _____

Email _____

General Contractor or Agent _____

Address _____

Business Phone _____ Cell Phone _____

Email _____

REQUEST FOR APPROVAL

Description of architectural modifications to your property: Please provide detailed information and attach documentation.

Requested by _____ Date _____

Accepted by _____ (LNW Architectural Committee Member) Date _____

Approved: () Yes () No () If checked subject to conditions (attached)

_____ Date _____

I (Owner) _____ understand that approval is subject to the conditions attached (if any) to this application.