

# BRECKENRIDGE HOMEOWNERS ASSOCIATION

## Application for Architectural Review or Proposed Exterior Change

[www.breckenridgenc.com](http://www.breckenridgenc.com)

PLEASE RETURN THIS FORM TO: YORK PROPERTIES, INC., 2108 CLARK AVENUE, RALEIGH, NC 27605  
OR FAX 919-828-9240 OR EMAIL [INFO@YORKPROPERTIES.COM](mailto:INFO@YORKPROPERTIES.COM)

REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Please refer to the Declaration of the Covenants and Restrictions of the Breckenridge Homeowners Association of North Carolina, Inc. and complete the following by answering all of the questions and statements. Please be as specific as possible.**

1. Please provide a written description of your requested modifications including purpose and use.
2. Please render a sketch of requested modifications, as they will appear upon completion. Please locate exactly where modifications will be in relation to your residence. Indicate all dimensions of modifications (height from ground, length, depth, etc.) Use separate sheet if necessary.
3. Please list the type of materials to be used in modifications. Indicate anticipated life expectancy, maintenance requirements and colors.
4. Date work to commence: \_\_\_\_\_ Date to be completed: \_\_\_\_\_
5. Will you have any material, trucks, machinery, labor transported across any common areas other than the roadway?
6. Will you employ a building contractor to do your work? \_\_\_\_\_ Will the contractor have liability and builder's risk insurance? \_\_\_\_\_
7. Will you be storing materials at the job for more than a week? \_\_\_\_\_
8. Will you obtain a building permit? \_\_\_\_\_
9. Do you hereby agree to replace and/or repair, at your expense, any damages to common areas, personal residence areas, including grass, walk stones, trees, building, roads, etc. As a result of your making approved modifications? Upon completion of construction or modifications, the Board will inspect the work for damage to the common area. If damage exists, the Association will repair the damages and the undersigned will be billed for same. \_\_\_\_\_
10. Do you hereby agree to be responsible for cleanup of any materials, trash, debris, during and upon completion of modifications if this request is approved? Upon completion of construction or modifications, the Board will inspect the work for damage to common area. If damage exists, the Association will repair the damages and the undersigned will be billed for same. \_\_\_\_\_
11. Do you understand that the application is not deemed "filed" until reviewed by the Board at a regular meeting and no approval is implied until specific written approval or modification is issued by the Board? \_\_\_\_\_

THE RESIDENT REQUESTS DESIGN APPROVAL AND GRANTS PERMISSION TO THE ARCHITECTURAL COMMITTEE TO ENTER THE PROPERTY TO CONSIDER THE REQUEST AND TO INSPECT DURING INSTALLATION AND UPON COMPLETION.

REQUESTING HOMEOWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Neighbors Approval (encouraged but not necessary)

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

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

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

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

Comments/ Remarks/ Special Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED BY ARCHITECTURAL COMMITTEE: \_\_\_\_\_

CITY INSPECTIONS RECEIVED? YES \_\_\_\_\_ NO \_\_\_\_\_

*THIS REQUEST IS APPROVED SUBJECT TO ANY REQUIRED APPROVAL OF OR PERMIT FROM THE TOWN OF MORRISVILLE.*

DESIGN APPROVAL: YES \_\_\_\_\_ CONDITIONAL APPROVAL \_\_\_\_\_ NO \_\_\_\_\_

CONDITIONS FOR APPROVAL: \_\_\_\_\_

\_\_\_\_\_

MORE INFO NEEDED: \_\_\_\_\_

PARTICIPATING COMMITTEE MEMBERS: \_\_\_\_\_

\_\_\_\_\_

DATE COPY RETURNED TO HOMEOWNER: \_\_\_\_\_