

Hinson Management, Inc.
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Boiling Springs, SC 29316
Phone: 864-599-9019 Fax: 864-599-9029

Lakewinds Architectural Committee Request

Homeowner: _____
Date: _____
Street Address: _____
Phone #: _____ (home) _____ (work)

Category of Improvement

Check one or more categories:

____ Landscaping
____ Fence/Wall
____ Satellite Dish
____ Patio
____ Other _____

Checklist/Items AC will need to proceed with request:

Please refer to covenants regarding your request

____ Site plan (included in your closing documents)

____ Indicate location of exterior improvements on site plan

____ Grading/Landscaping Plan

____ Include photo, brochure, or sketch of improvement

____ Clear, concise written description

____ Material listing (including colors, etc)

____ Fence

Contractor: _____ Phone: _____

APPROVAL:

_____ Date _____

DENIED:

_____ Date _____

Notes: _____

Response to request within 30 days