

# LAKE EMORY HOMEOWNERS ASSOCIATION

Box 160207, Boiling Springs, S.C. 29316 Phone: (864) 599-9019 Fax: (864) 599-9029

## Architectural Review Standard Submittal Form Updated 8/21/20

Please provide the additional information as requested by the Architectural Review Committee.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Lot: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
2. Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
License # \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Description of work to be performed: \_\_\_\_\_
4. Estimated time to complete work: \_\_\_\_\_
5. Materials to be used: \_\_\_\_\_
6. Color scheme: \_\_\_\_\_
7. Other relevant information: \_\_\_\_\_

### 8) Spartanburg County Permit Number: \_\_\_\_\_

Architectural style shingles **MUST** be used on all new construction and replacement roofing.

Please attach Blueprints with your submittal. Please indicate all materials, dimensions, colors, and the exact location of the proposed work to be completed. Drawings or brochures of similar projects may also be submitted. Major construction projects **must** include elevation drawings.

**I agree to:**

- a) Maintain all improvements made on the property, comply with all applicable City, County, and State laws,  
c) **Begin no work until I have received approval, in writing, from the Architectural Review Committee.**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted requests will be reviewed as soon as possible, however ***this process could take 30 days***. All requests will be reviewed individually and a completed form will be mailed to the above address.

<b><i>FOR Architectural Review Committee USE ONLY</i></b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved with Listed Provisions	<input type="checkbox"/> Return for More Information
Provisions: _____			
_____			
_____			
SIGNED		DATE	
<input type="checkbox"/> Homeowner	<input type="checkbox"/> File	<input type="checkbox"/> Hinson Mgt.	