

**Yorkshire Homeowners Association**  
Request for Architectural Approval

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What Is the estimated Start Date? \_\_\_\_\_ Completion Date? \_\_\_\_\_

- Type Of Modification:
- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Fence             | <input type="checkbox"/> Porch    | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Utility Building  | <input type="checkbox"/> Pool     | <input type="checkbox"/> Garage     |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Addition | <input type="checkbox"/> Carport    |
| <input type="checkbox"/> Other: _____      |                                   |                                     |

Location: \_\_\_\_\_

Size: \_\_\_\_\_

Color: \_\_\_\_\_

Materials: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

**Please read and follow these instructions carefully:**

1. Attach a detailed description of improvements including:
  - Location, Size, Color, Material, Contractor (if applicable), Plans/Drawings, Pictures/Brochures
2. Attach copy of Property Survey with proposed changes/additions clearly marked on the survey.
3. Please include two (2) complete copies of the request and supporting documentation (One will be returned with Committee response).
4. Mail request and supporting documentation to:

**Yorkshire Homeowners Association**  
**P.O. Box 11906**  
**Charlotte, NC 28220**

**Please Note:**

- Complete one form per change (ex. One request for a garage and one request for a fence). Multiple requests can be mailed in the same envelope.
- **A copy of the Property Survey with the location of the changes/additions shown must be included for each request or the request will be returned.**
- Committee reserves the right to request more information to clarify the request.
- Please allow 3-4 weeks for the approval process.

**Committee Use Only**

Approved

Denied Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
(Name of Committee Member)

\_\_\_\_\_  
(Signature Of Committee Member)

\_\_\_\_\_  
(Date)