

SEVEN LAKES LANDOWNERS' ASSOCIATION

501 Seven Lakes North ● Seven Lakes, NC 27376 ● (910) 673-4931 ● (910) 673-3529 (fax)
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Request for New Construction/Addition Architectural Review Board (ARB)

Date: _____

New Building: _____	Addition: _____	Type of Addition: _____
Property Owner's Name: _____		
Property Address: Lot: _____ Street: _____		
Mailing Address: _____		
City _____	State _____	Zip _____
Telephone: (Work) _____	(Home) _____	
Contractor: _____		
State License Number: _____		
Address: Street _____		
City _____	State _____	Zip _____
Telephone: _____	Fax: _____	

GENERAL INFORMATION:

Septic System: Number of tanks _____ Size _____ gal.
Pump _____ Y _____ N If Yes, where? _____

Living Area: _____ one _____ two _____ three floors.

Basement: _____ Y _____ N Crawlspace: _____ Y _____ N

PLAN SUBMITTALS: (2 each)

Sanitary permit: _____ Building permit: _____

Construction plans: _____ Construction specifications: _____

Site Plan: Surface water control plans: _____

Exterior lighting plans: _____

Water Source: _____ Landscaping: _____

SET BACKS:

Road _____ ft.
Lake _____ ft.
Left lot line _____ ft.
Right lot line _____ ft.
Corner lot: Front _____ ft.
Side _____ ft.
Golf course _____ ft.

SQUARE FEET:

1st floor _____ sq. ft. Heated
2nd floor _____ sq. ft. Heated
Basement _____ sq. ft. Heated
Screened porch _____ sq. ft.
Deck(s) _____ sq. ft.
Garage _____ sq. ft.
Total heated area _____ sq. ft.

TYPE OF FOUNDATION:			
Slab _____	Basement _____	Crawl Space _____	Material _____
EXTERIOR:			
Wood _____	Brick _____	Vinyl _____	Stucco _____
Brick color _____	Siding color _____	Trim color _____	
Shutter color _____	Roof color _____		
HEATING AND COOLING SYSTEM:			
Gas _____	Heat pump _____	Central air _____	
DRIVEWAY:			
Bank slope: _____			
ROOF AND GUTTERS: How and where will run-off be directed _____			

SURFACE WATER AND EROSION CONTROL: Original drainage patterns must not be disturbed without an acceptable alternate drainage pattern, certified by a certified engineer. ARB does not assume any responsibility for determining the appropriateness of any drainage pattern.			
Type of erosion control (temporary and permanent) to stabilize bank _____			

Culverts: If used, type and dia. _____			
Water runoff directed to: Road _____ Ditch _____ Lake _____			
What will be done to control soil tracking onto road during construction _____			

If house is below road level, how will road water be controlled _____			

How will disturbed soil be controlled from washing onto adjacent property _____			

In applying for the above architectural request, I acknowledge that I obtained competent erosion control advice and understand same, and I am willing to be held responsible for the adequacy of the control plan submitted. I understand and agree to adhere to the Rules and Regulations and the Declaration of the Restriction Covenants of the Seven Lakes Landowners' Association. I declare that the plans and specifications of existing conditions are true and correct. I further declare that I have fully disclosed to the ARB all improvements that may impact neighboring properties. I understand that any violations of the ARB Rules and Regulations may result in a stop work order pending the necessary correction of the violation.

Owner and/or contractor grants the members of the ARB and to their designates the right to make appropriate inspection at the building site.

Owner's Signature	Date
Contractor's Signature	Date

PLEASE CONTACT THE ARB AT (910) 673-4931 FOR INSPECTIONS PURPOSES: (1) when the footers are dug (prior to pouring concrete) and (2) when the construction is complete. Owner is urged to meet with the ARB prior to filing this application to discuss preliminary building plans.

<u>Official Use Only</u>	
ARB Action and Comments: _____	

ARB Chair:	_____
Signature:	_____
Date:	_____