

**LOCKWOOD FOLLY PROPERTY OWNERS ASSOCIATION
ARCHITECTURAL STANDARDS COMMITTEE
18 CLUB HOUSE DRIVE, SW SUPPLY, NC 28462
REQUEST FOR RENOVATION APPROVAL**

Homeowner: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Describe the proposed renovation:

Attach appropriate documentation: architectural drawings or plans color samples, etc. Contractors must abide by all Lockwood Covenants, including but not limited to Days of Work.

Name of Contractor _____

Address: _____

Phone: _____ Email: _____

Anticipated date of commencement _____ and completion: _____

A \$500 deposit, refundable after project completion, may be required. Return this form to the above address or submit to the ASC Chairperson. Requests will be considered at the next scheduled ASC meeting. The Homeowner will be notified by the project manager of the ASC's decision. If any further information is required, you will be contacted. A project manager will be assigned for all approved renovations.

Approved: _____

Denied: _____