

# HOLLY GLEN HOMEOWNERS ASSOCIATION REQUEST FOR ARCHITECTURAL APPROVAL and USE of PROPERTY

(Please fill in all items and supply all supporting data as requested.)  
*Incomplete forms may cause delays in review of your application.*

Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (H) \_\_\_\_\_

**Please note: NO construction should be started until you receive written approval of your request from the Architectural Review Committee (A.R.C).**

This Request for Architectural Approval *must* be accompanied by two (2) different drawings:

1. Plot plan (official survey of lot) – showing the improvement (i.e. deck, fence, landscaping, parking pad, garden, addition, etc.) and its relationship/distance to property lines, easements, open space, drainage ditches, neighboring homes, etc.
2. Elevation – or “head on” view, as would be seen in a photograph. This drawing should show height, width, and distance above finished grade and details of the proposed request. Be specific in order to expedite the architectural review process. Photographs or brochure pictures should be submitted along with this request when available.

Description of improvement:

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Construction materials to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colors (attach samples if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Start Date \_\_\_\_\_ Days to Complete \_\_\_\_\_

***Note: NO work should begin prior to written approval from Architectural Review Committee. Once applications are approved, all work must be completed within 12 months from the date of approval.***

In applying for the above architectural change, I agree to follow to the best of my ability the changes as described and meet any and all codes, permits or other requirements deemed necessary by county, state or other applicable authority.

The homeowner is responsible for knowing and following all Town of Holly Springs code requirements and restrictions. Approval by the Committee shall not be construed as or substituted for any Town of Holly Springs requirements.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

Submit to:

**Drop off location:**

Talis Management Group, Inc.  
8305 Falls of Neuse Rd.  
Raleigh, NC 27615  
Phone: (919)878-8787  
Fax: (919) 376-8800

**Mail to:**

Talis Management Group, Inc.  
P.O. Box 99149  
Raleigh, NC 27624

(FOR COMMITTEE USE ONLY)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

The Architectural Review Committee of Holly Glen Homeowners Association hereby **approves** the request for architectural approval with the following restrictions:

The homeowner is responsible for knowing and following all Town of Holly Springs code requirements and restrictions. Approval by the Committee shall not be construed as or substituted for any Town of Holly Springs requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

The Architectural Review Committee of Holly Glen Homeowners Association hereby **disapproves** your request for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for Approval:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Should your request be denied, you may make an appeal. If you wish to appeal please call Talis Management at (919) 878-8787.