VILLAGE COUNTRY CLUB WEST C/O BISSETTE REALTY, INC. PO BOX 969 WILSON, NC 27894

REQUEST FOR ARCHITECTURAL APPROVAL

Submit all requests for changes or additions to Bissette Realty, Inc. to the address listed above. Please attach any drawings and/or sketches that will aid in making a decision regarding your request. Thank you.

•	•	ers name: ress:				
		Home:				
Estima	ated co	mpleteion Date:				
1.	1. Narrative description of the proposed home and/or landscape improvement change or addition. Cite materials and color(s), to be used. State similarities existing structures as appropriate. Use a separate sheet of paper if necessary					
2.	2. Please attach drawings to this request showing all proposed improvements including relationships to existing structures, landscaping, and lot lines. Tw drawings or more are needed to clearly show proposed improvements include existing structures:					
	A.	•	view" – the improven by to show where the cl	nent should be drawn on a hange will be placed.		
	B.	Elevation(s) – "side v	iew(s)" one or more as	necessary.		
3.	Attach paint or vinyl siding samples, if applicable. (This includes black & white)					
4.	A permit and inspection by the Town of Wilson may be needed.					
F	OR O	FFICE USE ONLY	•			
ID)#:	DATE RECEIV	VED:RECE	CIVED BY:		

When the committee reviews this request, your neighbors have the right to comment and present views about your requested improvements. This is not for their approval, it is only to make them aware that there will be changes next door. Please obtain signatures from all property owners having adjoining lot lines with your property, and all property owners who would reasonably view the improvement from their property i.e., across the street. If the signatures are missing the request can be denied as incomplete. If this should happen, you would need to resubmit with the required information in order to get the request reviewed for approval.

I acknowledge that the requesting property owner has shown (me/us) the architectural request form for the proposed improvement(s) described on this form. I understand that (I/we) may make verbal or written comments directly to the Board of Directors.

<u>Date</u>	Printed Name	<u>Signature</u>	Address
Reason for	the change/addition		
ALL PROJI	ECTS MUST BE COMPL	ETED WITHIN A 1	2 MONTH TIME FRAME.
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CONDITIO	D ONAL APPROVAL OVAL		
COMMEN'	TS:		
Signade		Date:	
Signed:		Date:	