

**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: _____

Return to the above address, a **\$500 deposit, refundable after project completion**, may

be required. 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: _____