

**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.

Name of Contractor: _____

Address: _____

Phone: _____ Email: _____

Anticipated date of commencement _____ and

completion: _____

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

prior to the 1st day of the month. 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.