

ARCHITECTURAL REVIEW APPLICATION

c/o David Floyd & Associates, Inc.

FILL OUT COMPLETELY

Please submit this application, diagrams or drawings, and plat plans to the Property Manager at the above address. **NO REQUEST WILL BE CONSIDERED UNLESS COMPLETE.** The architectural review committee will review this application and approve or disapprove within the time frame allowed by the association governing documents.

Please review your community's governing documents before submitting this form.

NEIGHBORHOOD NAME: Exchange Lofts

PROPERTY OWNED BY: _____

ADDRESS: _____

**I WISH TO RECEIVE NOTIFICATION OF APPROVAL/DISAPPROVAL BY:
(PLEASE SELECT ONLY ONE OPTION)**

Email: _____

Fax: _____

Postal Mail: _____

EVALUATION: (Sketch design and description if necessary; manufacturers literature is welcome)

1. Indicate an anticipated start and completion date; changes/additions must be completed within 30 days of project start date
2. Include front and side view elevations with dimensions
3. Include location and depth of any required cuts or fills in the soil
4. Show the location of any existing utilities or drainage courses (if applicable or in close proximity)
5. Utilities must be marked by contractors before any digging is permitted
6. Secure building permit(s) required (if applicable)
7. Association is not responsible for fence removal/deconstruction by officials/entities exercising access rights to easements
8. All Fences must be constructed so that the finished side faces the outside perimeter

NATURE OF IMPROVEMENT: Attach plat plan, diagrams or drawings to help explain.

CONTRACTOR NAME AND PHONE NUMBER (if applicable):

TYPE OF MATERIALS, DIMENSIONS/COLOR (if applicable):

LOCATION OF ADDITION/CHANGE: Attach a plat plan of lot showing location of home and proposed addition and change.

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

NOTICE: Approval of any addition/alteration/change/structure by the committee is in no way a certification that the structure has been constructed in accordance with government rules or codes.

Signature of Applicant Date

*****Please return completed application to David Floyd & Associates, Inc. via email at ExchangeLoftsNashville@gmail.com, via fax at 615-297-9340, or via mail at 104 East Park Drive, Suite 320 Brentwood, TN 37027.*****

| | |
|---|---------------|
| Office Use Only | |
| _____ Approved/Denied By Architectural Review Committee | _____ Date |
| Additional Remarks: _____ _____ _____ | |
| Date Received: _____ | |
| Response Deadline: _____ | |