



# THE POINT

## ARCHITECTURAL & LANDSCAPE CHANGE REQUEST

Owner's Name(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_ Lot# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please check each change or improvement you are requesting. Attach a separate page if more information is appropriate or you want to provide a scale drawing or picture.

- New Landscape Bed(s)       Tree Removal       Pool/Spa       Pond/Fountain
- Deck/Patio       Fence       Fireplace       Outdoor living area
- Retaining Wall       Erosion Control       Basketball Goal       Exterior Lighting
- Play Set/Trampoline       Gazebo       Satellite Dish       Outdoor Kitchen
- Home/Garage Addition       Dock/Boatlift/Pier       Seawall
- Exterior Change: Color, Texture, Roof, Window, Door, etc.
- Relocate utilities: Gas, Electric, Water, Septic
- Other : \_\_\_\_\_

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

Estimated start and completion dates: \_\_\_\_\_

Contractor's name and address if improvement cost exceeds \$15,000: \_\_\_\_\_

\_\_\_\_\_

A member of the Architectural Change Committee will contact you to arrange a site visit. Requests conforming to all guidelines are generally voted on within two weeks. **Do not commence any work until you receive a written approval from the AChC or Hawthorne Management.**

### PLEASE COMPLY WITH THESE SUBMITTAL REQUIREMENTS TO PREVENT UNWANTED DELAYS

1. Submit a plat map of your lot with the building envelope denoted as well as the outlined location of your home within the building envelope. Also include the exact location and elevation of the improvement as it relates to the location of your home. The site survey must indicate all setbacks and septic fields.
2. Submit a copy of your septic permit. If you do not have one, please contact: *Iredell County Health Dept., Mooresville: 704-664-5281.*
3. Submit a drainage plan if the project includes grading, excavating or removal of dirt.



# THE POINT

4. Landscape drawings from outside contractors must show the location of the septic drainfields and pump tanks. Include all proposed plant locations, types and sizes.
5. Tree removal: Submit a survey plat showing location of all trees to be removed. Also, please mark each tree with landscape paint, tape or ribbon to facilitate on site identification. If a vacant lot, please direct all requests to the Declarant/ACC [teriaedwards2018@gmail.com](mailto:teriaedwards2018@gmail.com).
6. Pool and spa: The placement of the pool, spa and all related equipment and any surrounding decks, patios, walkways and hardscaping must be noted on the plan. All property setbacks and fencing must be included. *A landscape plan must accompany all pool, spa and outdoor living applications showing plant type, size and location.* Because such plans are often presented in large format, please submit a digital photo of your plan on paper not larger than 8 1/2" by 11". We may review the original at your home.
7. Please be prepared to provide samples and representations of materials and color changes related to hardscaping and home renovations.
8. Docks, piers, and shoreline improvements:
  - a. Submit a copy of pier permit from Duke Energy. Contact Duke Energy Lake Services at 1-800-443-5193 to inquire.
  - b. For shorelines: Submit a copy of your NC Department of Water Quality permit. Contact [www.ncdenr.gov](http://www.ncdenr.gov) for information.
9. **Fees:** Home additions, pools and spas, fireplaces and outdoor kitchens require a check payment of **\$150 fee** (nonrefundable) and an escrow deposit of **\$1000**, prior to commencement, which will be refunded after the project is completed provided no damage occurs to community property. Please make checks payable to the POA and enclose them with your request (separate checks, one for the fee and one for the deposit). **Fee and deposit must be received prior to the committee reviewing the request.**
10. The homeowner(s) must sign and date this request form.

*For your protection, it is advised that you secure evidence of workers compensation, general liability and any other insurance as it pertains to your project.*

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I do, by my signature, understand and agree to the following:

1. That I assume total responsibility for the upkeep and maintenance of all modifications made to the above address. That during construction the area will remain free of debris and will not create a hazard or unsightly condition for other residents. I also acknowledge that obtaining insurance (if applicable) for the improvement is my responsibility.
2. That I grant permission to AChC members to visit my property to review and/or inspect the modification as might be needed, including a project completion review. I understand that the AChC reserves the right to request additional information to clarify this application.
3. That I accept total responsibility for any damage to person or property that may be caused by this modification.
4. That there will be penalties and/or fines for the installation of any improvement or removal of any tree or object prior to written approval.
5. That the POA Board reserves the right to require removal or repair of the modification at my own expense if:
  - a) The modification is not constructed or installed as per the specifications submitted for approval with this form;
  - b) The modification is not maintained in a safe condition; or
  - c) The modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
- 6 The Architectural Change Committee is not responsible for determining compliance with federal, state and/or county guidelines. All of which are the responsibility of the applicant. It is also the responsibility of the applicant to check with the local building department from which, if any, permits are necessary for their improvement(s), as



# THE POINT

well as to insure that the improvement(s) do not impact existing easements or extend outside setback lines of the property.

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

Homeowner's Signature(s)

\_\_\_\_\_  
Homeowner's Name(s) (Please Print)

***Scan and email this completed request form along with your plat, septic and other required documents to:***

**[admin@hawthornemgmt.com](mailto:admin@hawthornemgmt.com)**

***or Mail them to:***

***The Point Architectural Change Committee***

***C/O Hawthorne Management***

***P.O. Box 11906***

***Charlotte, NC 28220***

\_\_\_\_ Approved by AChC Date \_\_\_\_\_

Comments \_\_\_\_\_

This approval does not include any requirements from any applicable governmental or regulatory agency which may have jurisdiction.

\_\_\_\_ Disapproved by AChC Date \_\_\_\_\_

Explanation \_\_\_\_\_