

# WEDDINGTON ACRES

## ARC REVIEW FORMS



**March 27, 2019 Edition**

**WEDDINGTON ACRES ARCHITECTURAL REVIEW**

**Submit this form for Minor Projects (only)**

**SUBMIT THIS FORM ONLY, TO:  
WEDDINGTON ACRES HOMEOWNERS ASSOCIATION, INC.  
c/o Community Association Management  
1515 Mockingbird Lane, Suite 600, Charlotte, NC 28209**

**REGISTRANTS WILL BE NOTIFIED BY E-MAIL HOW TO MAKE SUBMITTALS.**

**All submittals will be digital and must be uploaded to the ARC review site**

**COMPLETE THE FOLLOWING:**

**Lot Number:** \_\_\_\_\_ - M (Project will be registered with – M in suffix)

**Lot Street Address** \_\_\_\_\_

**Registrant Name (primary contact):** \_\_\_\_\_

**Registrant e-mail address:** \_\_\_\_\_

**Registrant Telephone: (\_\_\_\_) \_\_\_\_\_**

**Lot Owner (if different):** \_\_\_\_\_

**Lot Owner e-mail address:** \_\_\_\_\_

\_\_\_\_ **Minor Project Review Fee enclosed per Article 3.3 \$ \_\_\_\_\_**

**OWNER ACKNOWLEDGE THAT HE/SHE HAS READ AND AGREE TO CONFORM TO THE WEDDINGTON ACRES ARCHITECTURAL GUIDELINES IN THE EDITION DATE NOTED BELOW.**

**Lot Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Once you are logged onto the review site, upload a description of your proposed work or a graphic to the review site. The review period may take up to fifteen (15) days. The registrant will be notified by email from the review site of the ARC determination.**



**WEDDINGTON ACRES ARCHITECTURAL REVIEW  
SUBMITTAL FORM ONE – SCHEMATIC REVIEW  
(ONE PAGE)**

**Submit this form to initiate your Schematic Review**

**SUBMIT THIS FORM ONLY, TO:  
WEDDINGTON ACRES HOMEOWNERS ASSOCIATION, INC.  
c/o Community Association Management  
1515 Mockingbird Lane, Suite 600, Charlotte, NC 28209**

**(YOU WILL BE NOTIFIED BY E-MAIL HOW TO MAKE FUTURE SUBMITTALS)**

**COMPLETE THE FOLLOWING:**

Lot Number: \_\_\_\_\_ -S (Note to Association Manager, add -S to the lot number for the Schematic registration)  
Lot Street Address \_\_\_\_\_

Registrant Name (primary contact): \_\_\_\_\_  
Registrant e-mail address: \_\_\_\_\_  
Registrant Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ (w/area code)

Lot Owner: \_\_\_\_\_  
Lot Owner e-mail address: \_\_\_\_\_  
Owner Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALSO, CONFIRM THE FOLLOWING WHERE APPLICABLE:**

- I. \* Initials \_\_\_\_\_ Homeowner's fees paid to HOA for current year (include if not previously paid).
- II. \* Initials \_\_\_\_\_ Main dwelling Schematic Review fee \$250.00 (only applies where current lot owner will not be the final occupant, or the registrant is not the owner of the property)

**OWNER AND REGISTRANT ACKNOWLEDGE THAT THEY HAVE READ AND AGREE TO CONFORM  
TO THE WEDDINGTON ACRES ARCHITECTURAL GUIDELINES IN THE EDITION DATED 11-12-13.**

Lot Owner \_\_\_\_\_ Date: \_\_\_\_\_

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

Association Manager confirms receipt of fees: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fees Paid by: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

**Note: The Registrant will receive a password to access the review site. Once received, you should upload a copy of page 7 from the Guidelines, initialing that you are including the six categories of items required for the Schematic Review**

**WEDDINGTON ACRES ARCHITECTURAL REVIEW  
SUBMITTAL FORM TWO – DESIGN DEVELOPMENT REVIEW  
(ONE PAGE)**

**Submit this form and fees to initiate your Design Development Review**

**SUBMIT THIS FORM AND YOUR APPLICATION FEES ONLY, TO:  
WEDDINGTON ACRES HOMEOWNERS ASSOCIATION, INC.  
c/o Community Association Management  
1515 Mockingbird Lane, Suite 600, Charlotte, NC 28209  
(Submittal of required materials shall be in the same manner as the Schematic Review)**

**COMPLETE THE FOLLOWING:**

Lot Number: \_\_\_\_\_ (Note to Association Manager, no suffix is needed on the lot number for this registration)  
Lot Street Address \_\_\_\_\_

Registrant Name (primary contact): \_\_\_\_\_  
Registrant e-mail address: \_\_\_\_\_  
Registrant Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ (w/area code)

Lot Owner: \_\_\_\_\_  
Lot Owner e-mail address: \_\_\_\_\_  
Owner Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALSO, CONFIRM THE FOLLOWING WHERE APPLICABLE:**

I. * Initials _____	Homeowner's fees paid to HOA for current year.	Enter Amount: _____
II. * Initials _____	Main dwelling Architectural Review. See Article 3.3 for amount.	Enter Amount: _____
III.** Initials _____	Compliance Security Deposit. See Article 3.5 for amount	Enter Amount: _____
IV. Initials _____	Other Review fee. See Article 3.3 for amount	Enter Amount: _____
		Total Enclosed: _____

\* Require to be paid with the initial Submittal for any new dwelling.

\*\* Required to be paid by the contractor when ready to commence construction of the home. Note that there is a road impact fee which is retained by the HOA.

**Association Manager confirms receipt of fees: By: \_\_\_\_\_ Date: \_\_\_\_\_**

**Fees Paid by: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_**

**NOTE:**

**1) ALL FEES ARE REQUIRED TO BE SUBMITTED WITH THIS FORM.  
CHECKS SHOULD BE MADE TO: "WEDDINGTON ACRES HOA"**

**WEDDINGTON ACRES ARCHITECTURAL REVIEW**  
**Material Specifications (Form Three)**  
**Also, Variance Request**  
(TWO PAGES)

This form is required to be submitted with drawings at both the

ALL INFORMATION, INCLUDING THIS FORM MUST BE SUBMITTED DIGITALLY AS A PDF.

DATE OF THIS SUBMITTAL: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**GENERAL CONTRACTOR IF KNOWN:** \_\_\_\_\_

NORTH CAROLINA LICENSE NUMBER: \_\_\_\_\_ LICENSE TYPE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONES(S): \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**ARCHITECT/DESIGNER:** \_\_\_\_\_

NORTH CAROLINA LICENSE NUMBER: INDIVIDUAL \_\_\_\_\_ COMPANY \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONES(S): \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

ARCHITECT/ DESIGNER HAS GIVEN APPROVAL FOR THE USE OF THIS PLAN ON THIS SITE AND FURTHERMORE HAS GIVEN PERMISSION FOR THE CP-ARC TO COPY THEIR WORK FOR ITS USE: YES \_\_\_\_\_ NO \_\_\_\_\_

**VARIANCE – If requested. State Article Number of Guideline Requirement followed by reason for the request:**

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

HEATED SQ. FT:      1<sup>ST</sup> FLOOR      \_\_\_\_\_

                                 2<sup>ND</sup> FLOOR      \_\_\_\_\_

                                 BASEMENT      \_\_\_\_\_

                                 OTHER      \_\_\_\_\_

                                 SUBTOTAL      \_\_\_\_\_ (Heated)

UNHEATED SQ. FT.:      SUBTOTAL      \_\_\_\_\_ (Under Roof)

TOTAL SQ. FT. (ADD SUBTOTALS): \_\_\_\_\_ ( Under Roof)

TOTAL HEATED SF WAS MEASURED BY \_\_\_\_\_ NC Real Estate Guides      \_\_\_\_\_ IBC STANDARDS, (see Article 5.2)

OPEN DECK?    YES    NO      QUANTITY:      TOTAL SQ. FT.: \_\_\_\_\_

PATIO?            YES    NO      QUANTITY:      TOTAL SQ. FT.: \_\_\_\_\_

COVERED PATIO    YES    NO      QUANTITY:      TOTAL SQ. FT.: \_\_\_\_\_



**EXTERIOR MATERIALS:** (Specify website for Manufacturer, Color and Style or Pattern for all that apply. If website is not available, provide a digital photograph of proposed material taken in normal daylight)

BRICK: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

STONE: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

STUCCO: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

SIDING: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

OTHER: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

ROOF: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

WINDOWS: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

TRIM: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

DOORS: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

SHUTTERS: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

DRIVEWAY: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

DRIVEWAY APRON: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

WALKS: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

OTHER: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

GARAGE DOOR: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE \_\_\_\_\_

(Front Loading Not Permitted)

FIREPLACE \_\_\_\_\_ CHIMNEY: \_\_\_\_\_

UNVENTED GAS FIREPLACES AND EXPOSED METAL STACKS  
OR EXPOSED SPARK ARRESTORS ARE NOT PERMITTED.

EXTERIOR MATERIALS: (Specify website for Manufacturer, Color and Style or Pattern for all that apply. Also upload to the review site at the Construction Document review a digital photograph of proposed material taken in normal daylight or a picture from the manufacturer's website for each material above)

**THE UNDERSIGNED CERTIFIES THAT HE/SHE WILL OBTAIN, PRIOR TO THE START OF CONSTRUCTION ACTIVITIES, BUILDING AND ZONING PERMITS ISSUED BY THE AUTHORITY HAVING JURISDICTION.**

**I acknowledge that I have completed and included everything on this checklist prior to submitting for architectural review. I understand that this information has been requested by the WEDDINGTON ACRES Homeowners Association prior to my obtaining bank loans or building permits.**

\_\_\_\_\_  
Lot Owner Signature

\_\_\_\_\_  
Date

**WEDDINGTON ACRES ARCHITECTURAL REVIEW  
SUBMITTAL FORM THREE (Continued)**  
Complete this page and upload for the Construction Document Review

**INTERIOR MATERIALS: (Selection of color and finish are optional)**

Flooring in foyer and halls: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Flooring in family room: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Flooring in Bedrooms: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Flooring in Kitchen: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Flooring in Utility areas: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Rooms with cornice trim: \_\_\_\_\_

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Door Hardware: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Interior Door: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Door and window casing: Width: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Kitchen Cabinets: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Kitchen Counter tops: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Bathroom Cabinets: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Bathroom Counter tops: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Custom Cabinetry: \_\_\_\_\_ FINISH: \_\_\_\_\_ STYLE: \_\_\_\_\_

Rooms with exposed beams or special ceilings: \_\_\_\_\_

Kitchen Appliances: \_\_\_\_\_ COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

Refrigerator: \_\_\_\_\_

Oven: \_\_\_\_\_

Is range hood vented to the outside? \_\_\_\_\_

Fireplace: \_\_\_\_\_ FINISH on mantel \_\_\_\_\_

Manufacturer of faucets and plumbing hardware: \_\_\_\_\_

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Confirm if the home has the following:

Special AV or sound system: \_\_\_\_\_ Energy Management System: \_\_\_\_\_ SEER rating on HVAC: \_\_\_\_\_

Was home designed to meet Green Energy Standards: \_\_\_\_\_

**FOR EACH ITEM NAME THE MAUFACTURER, WITH COLOR/FINISH AND STYLE IF KNOWN**

**WEDDINGTON ACRES ARCHITECTURAL REVIEW  
SUBMITTAL FORM FOUR  
(TWO PAGES)**

**REQUEST FOR ON-SITE REVIEWS**

*(you will use this form three times during the course of construction)*

**1. PRE-CONSTRUCTION ON-SITE REVIEW:**

A PRE-CONSTRUCTION REVIEW MUST BE SCHEDULED TEN BUSINESS DAYS IN ADVANCE AND APPROVAL TO PROCEED MUST BE ISSUED PRIOR TO BEGINNING ANY CONSTRUCTION (SEE "WEDDINGTON ACRES ARCHITECTURAL GUIDELINES").

STAKING OF THE OUTLINE OF THE HOME WITH STRING LINES ALONG MAJOR WALLS; SAMPLE BOARD OR MATERIALS ON SITE AS DESCRIBED IN ARTICLE 3.10.1; A RIBBON INDICATING THE PROPOSED LOCATION OF THE SILT FENCE; CONSTRUCTION FENCING; TREE PROTECTION AND STONE CONSTRUCTION DRIVE MUST BE IN PLACE **PRIOR** TO BEGINNING ANY CONSTRUCTION ACTIVITIES OR CALLING FOR THIS REVIEW.

\_\_\_\_\_  
Signature of Person Requesting Review:

\_\_\_\_\_  
Date

NOTE THAT FOR THE SITE STAKING REVIEW REQUEST, THE NEXT PAGE IN THESE GUIDELINES NEEDS TO BE COMPLETED AND SUBMITTED ALONG WITH THE ATTACHMENTS NOTED.

**2. REVIEW AT DRY-IN:**

AT THE POINT THAT THE HOME HAS ROOFING AND THE WINDOWS AND DOORS ARE INSTALLED, THE OWNER OR BUILDER SHOULD NOTIFY THE REVIEW BOARD TO CONDUCT A REVIEW. THE REVIEW WILL BE SCHEDULED AS SOON AS PRACTICAL BY THE REVIEWERS. CONSTRUCTION SHOULD CONTINUE WITHOUT REGARD TO THE TIMING OF THE ON-SITE REVIEW.

\_\_\_\_\_  
Signature of Person Requesting Review:

\_\_\_\_\_  
Date

**3. FINAL REVIEW:**

UPON COMPLETION OF THE HOME AND ALL LANDSCAPING AND FEATURES, THE OWNER OR BUILDER SHOULD CALL FOR A FINAL REVIEW. THIS REVIEW WILL BE PERFORMED TYPICALLY WITHIN TWO WEEKS OF THE REQUEST. THE REVIEW WILL BE MADE WITH RESPECT TO SITE CLEAN-UP AND WILL RESULT IN APPROVAL OF ANY DEPOSIT MONIES THAT ARE TO BE REFUNDED TO THE OWNER OR BUILDER.

\_\_\_\_\_  
Signature of Person Requesting Review:

\_\_\_\_\_  
Date

*UPLOAD THIS FORM TO THE SAME SITE AS YOUR APPLICATION EACH TIME YOU WISH TO  
SCHEDULE AN ON-SITE EVALUATION.*

*(SUBMIT THIS FORM DIGITALLY)*



**ATTACHMENT TO SUBMITTAL FORM FOUR  
CONTRACTOR INFORMATION**

THIS FORM IS REQUIRED TO ACCOMPANY THE SITE STAKING REVIEW REQUEST.

**GENERAL CONTRACTOR (LEGAL NAME):** \_\_\_\_\_  
**NORTH CAROLINA LICENSE NUMBER:** \_\_\_\_\_ **LICENSE TYPE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONES(S):** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**NAME OF ON SITE SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HVAC CONTRACTOR:** \_\_\_\_\_  
**NORTH CAROLINA LICENSE NUMBER:** \_\_\_\_\_ **LICENSE TYPE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONES(S):** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**NAME OF ON SITE SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ELECTRICAL CONTRACTOR:** \_\_\_\_\_  
**NORTH CAROLINA LICENSE NUMBER:** \_\_\_\_\_ **LICENSE TYPE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONES(S):** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**NAME OF ON SITE SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLUMBING CONTRACTOR:** \_\_\_\_\_  
**NORTH CAROLINA LICENSE NUMBER:** \_\_\_\_\_ **LICENSE TYPE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONES(S):** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**NAME OF ON SITE SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LANDSCAPE CONTRACTOR:** \_\_\_\_\_  
**NORTH CAROLINA LICENSE NUMBER:** \_\_\_\_\_ **LICENSE TYPE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**PHONES(S):** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**NAME OF ON SITE SUPERVISOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NOTE: ATTACH THE FOLLOWING TO THIS FORM AND SUBMIT TO THE REVIEW SITE:**

**Initials:** \_\_\_\_\_ **SITE MANAGEMENT DURING CONSTRUCTION:**  
a) A Drainage and Erosion Control Plan and including stone driveway.  
b) Show portable toilet, dumpster, and spoil locations.

**Initials:** \_\_\_\_\_ **CONFIRMATION OF INSURANCE:**  
Attached are the insurance endorsements required by the Guidelines.

**Initials:** \_\_\_\_\_ **CONTRACTOR HAS PAID CONSTRUCTION SECURITY DEPOSIT FROM THEIR FUNDS.**

**CONTRACTOR NAME:** \_\_\_\_\_

**NC CONTRACTOR LICENSE NUMBER AND LIMIT:** \_\_\_\_\_