



FEARRINGTON HOMEOWNERS ASSOCIATION

599 Fearrington Post (Gathering Place)
Pittsboro, NC 27312

Telephone: 919-542-1603
Fax: 919-542-1543

REQUEST FOR PROPERTY MODIFICATION APPROVAL [FOR HISTORIC DISTRICT (PHASES I-IV), THE WOODS, BUSH CREEK]

Please submit this request, **complete with appropriate signatures** and all attachments to the Business Office Manager in the FHA Office at the Gathering Place.

SECTION/PHASE OF FEARRINGTON VILLAGE:

- Phase I Phase II Phase III Phase IV
 The Woods Bush Creek McDowell Place

PROPERTY OWNERS NAME(S):

PROPERTY ADDRESS: FEARRINGTON POST NO.

HOME TELEPHONE NUMBER: WORK / CELL NUMBER:

ESTIMATED START DATE: ESTIMATED COMPLETION DATE:

1. REASON FOR THE CHANGE/ADDITION/REMOVAL:

2. **Narrative description of proposed modification.** Cite materials and color(s) to be used. State similarities to existing structures as appropriate. Use separate sheets of paper as necessary. Provide photos or brochures to illustrate materials. If request is for tree removal, please mark the trees with ribbon or tape.

NAME OF CONTRACTOR, TREE REMOVAL COMPANY, ETC:

REQUEST FOR PROPERTY MODIFICATION APPROVAL (CONTINUED)

3. **Please attach drawings to this request showing all proposed changes including relationships to existing structures, landscaping and lot lines.** Two views are needed to clearly show proposed modifications:
 - A. Plot Plan (top down view). The modification should be drawn on a copy of your lot survey to show where the changes will be placed.
 - B. Elevation(s) (side, front, and rear view) as necessary to show the scope of work.
4. Please attach roofing shingle, paint, or vinyl siding samples (including black and white), if applicable.
5. A building permit may be needed. Consult your contractor and Chatham County
6. **When the FHA Covenants Concerns Committee reviews this request, your neighbors have the right to comment and present their views regarding your application.** It is important that neighbors be notified of your application – not for their approval but to make them aware of the proposed changes. Please obtain signatures from all property owners having adjoining lot lines with your property, and all property owners who would reasonably view the modification from their property – including those across the street or row. If you cannot obtain a signature or object to obtaining it please state the reason below. **If signatures are missing, the request can be denied as incomplete and would need to be resubmitted.**

NEIGHBOR SIGNATURE(S) REQUIRED BELOW:

I acknowledge that the requesting property owner has shown (me/us) the property modification shown on this form. I understand that (I/we) can make verbal or written comments directly to the committee.

DATE	PRINTED NAME	SIGNATURE(s)	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any additional information you, the applicant, wish to provide the committee:

SUBMISSION OF THIS REQUEST CONSTITUTES PERMISSION FOR AN FHA REPRESENTATIVE TO ENTER THE OUTDOOR AREA OF YOUR PROPERTY IF NECESSARY TO INVESTIGATE THE REQUEST.

_____ Signature of Applicant	_____ Date	_____ Signature of Applicant	_____ Date
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PLEASE NOTE THAT ALL PROJECTS MUST BE COMPLETED WITHIN 12 MONTHS OF APPROVAL

REQUEST FOR PROPERTY MODIFICATION APPROVAL (CONTINUED)

FHA COVENANTS COMMITTEES APPROVAL PROCESS:

Step 1: Action of FHA Area Covenants Committee (applies only to Phases I-IV, The Woods, Bush Creek and McDowell Place)

Call the FHA Office at 919-542-1603 or check the website
(top menu: Directory>Find Other>Area & Block Contacts)
for the names of the Area Covenants Committee for your neighborhood.

Your area committee member will check completeness of your application and will make a recommendation based on consistency and appearance of the modification, when compared with the rest of the neighborhood.

I have found this application to be: Complete _____ Incomplete _____

Approval is recommended: _____ Approval is **NOT** Recommended: _____

Area Committee Signature: _____ Date _____

Comments: _____

Step 2: Action of FHA Covenants Concerns Committee

This Property Modification Request is: _____ Approved _____ Not Approved

Signature(s): 1) _____ 2) _____
Covenants Concerns Committee Member Covenants Concerns Committee Member

3) _____ Date _____
Director Covenants Concerns Committee

Comments: _____

