

**WINDSOR OAKS HOMEOWNERS ASSOCIATION OF MECKLENBURG, INC.**  
**Application for Approval of Any Exterior Modification**

**PAGE 1 OF 2**

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

Property Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Mobile \_\_\_\_\_ (e-mail) \_\_\_\_\_

***I request design approval and permission for the following replacement or alteration to the above unit.***

**Front Door Paint selection:**

**Use Addendum A5 to get the Code and Name of the color you want to use.**

**Sherwin Williams Code: \_\_\_\_\_ Name: \_\_\_\_\_**

**Replacement of Standard Item:**

Door: Entry \_\_\_\_ Garage \_\_\_\_ Including Hardware? Yes \_\_\_\_ No \_\_\_\_

Window \_\_\_\_ Screen \_\_\_\_ Both \_\_\_\_

Outdoor Electrical: Light Fixture \_\_\_\_ Outlet \_\_\_\_ Security \_\_\_\_

Outdoor Water Spigot: \_\_\_\_ Mailbox: \_\_\_\_

Describe the work to be done, including specifications (size, color, material, capacity, etc.) of the replacement item, and the name of the contractor performing the work.

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

Estimated Starting Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

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**Installation of Board Approved Optional Item:**

Type of Modification:

Tinted Windows \_\_\_\_ Solar Tube Light \_\_\_\_ Glass Storm Door \_\_\_\_ Motion Light \_\_\_\_

For Sale/For Rent Signs \_\_\_\_ Security \_\_\_\_

**Installation prior to proper approval will subject the owner to penalty and/or fine.** Requests for multiple changes should be submitted separately. \_\_\_\_\_ Initials

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After approval of this request for modification of common property I agree to accept all responsibility for this modification. I agree to maintain, where appropriate, and repair any damage caused to the common property or to the property of a neighbor to the satisfaction of the Board of Directors. Upon transfer of ownership of my property the responsibility for the modification will be transferred and accepted by the new owners (as ownership moves with the property) or removed and returned to the original state.

\_\_\_\_\_ (Owner's signature)

Date \_\_\_\_\_

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**To Be Completed by AMC Chairperson**

Approved \_\_\_\_\_ ;

Approved, with conditions (See comments) \_\_\_\_\_;

Not Approved \_\_\_\_\_

Comments: \_\_\_\_\_

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

Signed \_\_\_\_\_, AMC Chairperson

Date \_\_\_\_\_

**PROVIDE TWO (2) COMPLETED APPLICATIONS TO THE CURRENT AMC CHAIRPERSON**