

**CAROLINA SHORES PROPERTY OWNERS ASSOCIATION
REQUEST FOR ALTERATIONS INCLUDING PAINTING AND ROOFING**

*****PLEASE PRINT*****

PROPERTY OWNERS NAME: _____

PROPERTY OWNERS ADDRESS: _____

PROPERTY OWNERS PHONE #: _____

PROPERTY OWNERS E-MAIL: _____

CONTRACTORS NAME: _____

CONTRACTORS PHONE #: _____

DESCRIBE THE PROPOSED ALTERATIONS: _____

DESCRIBE PROPOSED MATERIALS AND INCLUDE SAMPLES:

ROOF COLOR: _____

SIDING COLOR: _____

TRIM COLOR: _____

DOOR COLOR: _____

DATE: _____

**NOTIFY POA OFFICE (579-2044) WHEN WORK IS COMPLETED.
ALL WORK MUST BE COMPLETED WITHIN 90 DAYS OF APPROVAL DATE.
IT IS YOUR RESPONSIBILITY TO OBTAIN TOWN BUILDING PERMITS.**

PROPERTY OWNERS SIGNATURE: _____

ACC REVIEW: _____

APPROVAL DATE: _____ **OR** DISAPPROVAL DATE: _____

ACC INSPECTOR: _____

FOLLOW-UP _____