

**FAIR OAKS ARCHITECTURAL REVIEW COMMITTEE
APPLICATION FOR CONSTRUCTION**

Instructions: Please fill in all the blanks on the Builder column only, with appropriate information or check marks. For questions regarding this application, call Brant Godfrey at 777-0078.

Neighborhood/Community: _____ Lot _____

Builder Name: _____

Builder Mailing Address: _____

Office Phone #: _____ Cell Phone #: _____

Date Submitted: _____ Spec House _____ Custom House _____

	BUILDER	A.R.C.
1. Roof Pitches		
* Main	_____	_____
* Secondary	_____	_____
2. Square Footage (Heated)		
* First (1 st) Floor _____ Second (2 nd) Floor _____	_____	_____
* Finished basement or third floor (specify)	_____	_____
* TOTAL HEATED SQUARE FOOTAGE	_____	_____
3. Basement	Yes _____	No _____
* Finished – All	Yes _____	No _____
* Finished – Partial	Yes _____	No _____
4. Proposed Price of Home	\$ _____	_____
5. Landscape Budget (Plants only – see notes regarding landscaping on page 2)	\$ _____	_____
6. Patio/Deck specifications on plan?	Yes _____	No _____
7. Two sets of Schematic Plans or Survey Including: Check (✓)		
* Building Setbacks (front, rear, right & left side)	_____	_____
* Easements and right of way identification	_____	_____
* Site plan showing the location of required trees	_____	_____
* Siting of proposed improvements	_____	_____
8. Two sets of Architectural Plans including:		
* Floor plans at 1/4"=1' or greater	_____	_____
* Exterior elevations at 1/4"=1' or greater	_____	_____
* Colors & type of all exterior materials (see attached sheet)	_____	_____
* Designation for Architectural or Dimensional style shingles – NO Flat Tab shingles allowed	_____	_____

**EXTERIOR SPECIFICATION SHEET
For Application for Construction for Fair Oaks**

Exterior Materials:

Name/Style	Color
Brick: _____	_____
Siding: _____	_____
Stucco: _____	_____
Stone: _____	_____
Trim Color: _____	_____
Shutter Color: _____	_____

I, the undersigned Builder, will use the below named Architectural/Dimensional style Shingles on the house to be constructed on lot_____, as required by the Fair Oaks Design Guidelines.

Name of shingle: _____

Builder's Signature

Date

MAIL OR DROP OFF COMPLETED & SIGNED APPLICATION TO:

**Hubbard Realty of Winston-Salem, Inc.
2110 Cloverdale Ave., Winston-Salem, NC 27103**

or

**Brant H. Godfrey
2631 Reynolda Road, Winston-Salem, NC 27106**