



**ARCHITECTURAL CONTROL COMMITTEE - REQUEST FOR APPROVAL**  
**FERN VALLEY HOMEOWNERS ASSOCIATION, INC.**

**Describe the requested improvement.** (Please include photo, map, drawing, plot plan, e.g.)

**Item:** \_\_\_\_\_

**Purpose** (as applicable): \_\_\_\_\_

**Size** (as applicable): \_\_\_\_\_

**Finishes** (as applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location/position on Property:** \_\_\_\_\_

\_\_\_\_\_

**\*\* Storage shed may require a permit issued by the Town of Fuquay-Varina \*\***

**DATE OF REQUEST:** \_\_\_\_\_

**HOMEOWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBERS:** ( \_\_\_\_\_ ) \_\_\_\_\_

**CONTACT HOURS:** \_\_\_\_\_

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_

Please place completed form in the HOA/ACC Drop-box on the front of the pool cabana or e-mail to [president@fernvalleyhoa.com](mailto:president@fernvalleyhoa.com).