

Is this application in response to a violation?
If so, please check the appropriate box below.

- Final Inspection
- CWS violation
- Other violation

PAINT/COLOR APPLICATION

ARCHITECTURAL REVIEW APPLICATION

PLEASE COMPLETE ALL PAGES

NOTE: Must complete application prior to submittal (must include roof sample and paint chips)

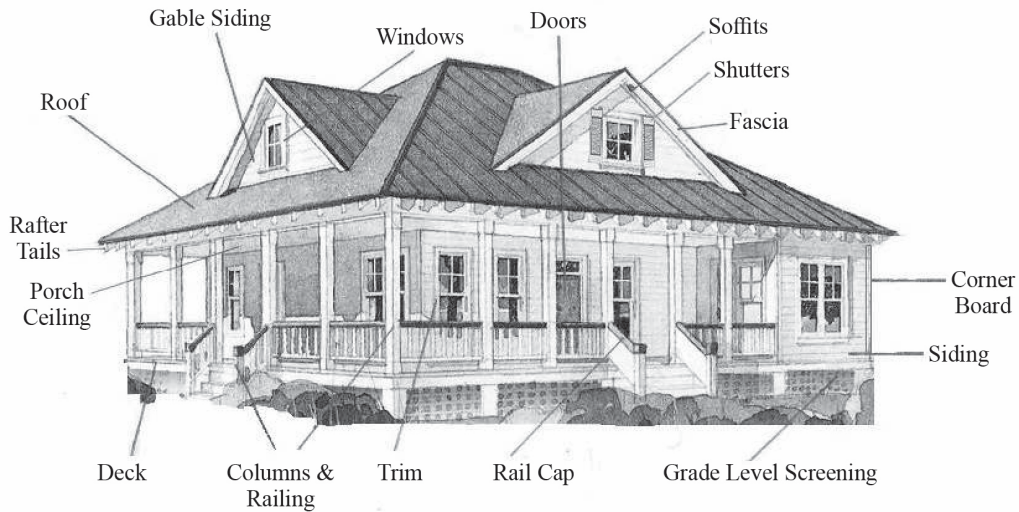
Date: _____

Lot # _____ BHI House # _____ BHI Street Name _____

Property Owner _____

Mailing Address _____

Telephone _____ Email _____



MANUFACTURER-PROVIDED ROOFING SAMPLE(S) REQUIRED

Roof:

Color/Number _____

Manufacturer _____

Material _____

Accent Roof:

Color/Number _____

Manufacturer _____

Material _____

Note: For guidance, see roofing color and reflective properties guidelines.

MUST ATTACH MANUFACTURER-PROVIDED PAINT CHIPS BELOW

Main body of the Bldg.:

Color/Number _____

Paint Mfg. _____

Rafters/ Soffits:

Color/Number _____

Paint Mfg. _____

Windows:

Color/Number _____

Paint Mfg. _____

Trim:

Color/Number _____

Paint Mfg. _____

Exterior Doors:

Color/Number _____

Paint Mfg. _____

Grade Level Screening:

Color/Number _____

Paint Mfg. _____

Porch Ceiling:

Color/Number _____

Paint Mfg. _____

Window Shutters

Color/Number _____

Paint Mfg. _____

HVAC Enclosure:

Color/Number _____

Paint Mfg. _____

Trash Enclosure:

Color/Number _____

Paint Mfg. _____

Shower Enclosure:

Color/Number _____

Paint Mfg. _____

Deck:

Color/Number _____

Paint Mfg. _____

Columns and Railing:

Color/Number _____

Paint Mfg. _____

Garage Doors:

Color/Number _____

Paint Mfg. _____

Other Accents (specify): _____

Rafter tails, cap rail, etc.

Color/Number _____

Paint Mfg. _____

ATTACH SAMPLES BELOW



**PLEASE SEND TO THE ARCHITECTURAL REVIEW COORDINATOR
BHA ARCHITECTURAL REVIEW COMMITTEE (ARC)**

PO Box 3030

Bald Head Island, North Carolina 28461-7000

ARC1@BaldHeadAssociation.com / 910-457-4676, ext. 22 / 910-457-9021 Fax