

CHARLESTOWNE CONDOMINIUM ASSOCIATION
APPLICATION FOR EXTERIOR ALTERATION

CHARLESTOWNE CONDOMINIUM ASSOCIATION
5849 HARBOUR VIEW BLVD, SUITE 200
SUFFOLK, VIRGINIA 23435
TELEPHONE: (757) 484-0706
FAX: (757) 484-3217

DATE _____

OWNER _____

ADDRESS _____

PHONE # HOME _____ WORK _____

In accordance with the Declaration of Covenants and Restrictions, I/we are requesting approval for the following described alteration/change/addition, and have enclosed the documents designated below.

Description of Alteration/Change/Addition:

- _____ Plans and Specifications including type of materials to be used.
- _____ Survey, Site Plan or Plot Plan showing location of addition or alteration.
- _____ Illustration of any new or replacement components such as windows, doors, lighting, gutters, etc.
- _____ Description of plantings/trees to be removed or added.
- _____ Photographs/Drawings.
- _____ Other (please describe).

I/we understand that I/we must wait for written approval before beginning the subject alterations and that approval by the Architectural Review Committee does not release our obligation to ensure that the alteration is in compliance with applicable regulations for the City of PORTSMOUTH, and the Guidelines, Rules, Regulations and Restrictions established by the CHARLESTOWNE CONDOMINIUM ASSOCAITON.

Owner's Printed Last Name: _____

Signature: _____ Date: _____

Address: _____ Alteration Request: _____

____ This request as described is approved.

____ The request as described is approved with the following stipulations:

____ The request as described is denied because of the following conditions.

By Architectural Review Board:

Chairman Signature: _____ Date: _____

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____