

CAPE HENRY VILLAS CONDOMINIUM ASSOCIATION

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(757) 497-5752
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APPLICATION FOR ARCHITECTURAL REVIEW

Date: _____

Owner: _____

Address: _____

Telephone: H: _____ W: _____

In accordance with the Declaration of Covenants and Restriction, 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 on lot/in relation to existing structures.

____ Illustration of any new or replacement components such as windows, doors, lighting, gutters etc.

____ Description of plantings/trees to be removed or added.

____ Copy of City Building and Zoning Permits.

____ Photograph/Drawings

____ Other (please describe)

I/we understand that I/we must wait for written approval before beginning the subject alteration and that approval by the Architectural Committee does not release our obligation to ensure that the alteration is in compliance with the applicable regulations for the city.

Signature

Signature

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ARCHITECTURAL REVIEW BOARD:

The request as described is approved.

Signature

Date

The request as described is approved with the following conditions:

Signature

Date

The request as described is denied.

Signature

Date

The request as described is denied because of the following conditions:

Signature

Date