



**CENTRE GREEN CONDOMINIUM ASSOCIATION, INC.**

c/o United Property Associates, 525 South Independence Blvd., Suite 200, Virginia Beach, VA 23452-1189  
(757) 497-5752 fax: (757) 497-9133 email: [tdeweese@unitedproperty.org](mailto:tdeweese@unitedproperty.org) or visit us at [www.unitedproperty.org](http://www.unitedproperty.org)

**EXTERIOR ALTERATION APPLICATION**

**Please mail or deliver to:** CENTRE GREEN CONDOMINIUM ASSOCIATION  
c/o United Property Associates  
525 South Independence Blvd., Suites 200  
Virginia Beach, VA 23452-1189  
**Fax:** (757) 497-9133

**\*WARNING:** Exterior alterations commenced without prior approval of the BOD & Architectural Committee is in violation of the covenants and is at the homeowners' own risk. (Please review all the Conditions, Restrictions, Easements, Charges and Liens.)

**FROM: (Please print in ink or type)**

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICATION FOR (check appropriate work-you may check more than one):**

New Construction _____	Repair _____	Alteration _____
Landscaping _____	Relocate Existing Structure _____	
Building _____	Fence _____	Wall _____
Shed _____	Deck _____	Porch _____
Porch Rails _____	Guttering _____	Excavation _____
Grading _____	Yard Ornaments _____	Exterior Finish _____
Exterior Color Scheme _____		
Other _____		

**Project is expected to begin on \_\_\_\_\_ and be completed by \_\_\_\_\_**

**DESCRIPTION OF ALTERATION:** Supplemental sheets, sketches, plats and drawings that fully describe the proposed alteration **must** be attached **before** the ACC will review the application. In case of an exterior color change, a sample of the new color along with a description of the existing color **must** be submitted.

*"Achievements result from the actualization of principles"—H.A. Kissinger*



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**NOTE:** The Architectural Committee/Board of Directors has **thirty (30) days** from the date an application has been received to approve or disapprove each application.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Date **Received** by Association \_\_\_\_\_ Signature \_\_\_\_\_

**\*NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.\***

_____ <b>APPROVED</b> by Board of Directors <b>OR</b>	
_____ <b>APPROVED with the Following Contingencies</b> by Board of Directors:	
_____	
_____	
_____	_____
<b>Board Signature</b>	<b>Date Signed</b>
_____ <b>DISAPPROVED for the following reason (s)</b> by the Board of Directors:	
_____	
_____	
_____	_____
<b>Board Signature</b>	<b>Date Signed</b>

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