

**DRIVER POINTE HOMEOWNER ASSOCIATION  
APPLICATION FOR EXTERIOR ALTERATION**

**DRIVER POINTE HOMEOWNERS ASSOCIATION  
5849 Harbour View Blvd, Suite 200  
SUFFOLK, VIRGINIA 23435  
OFFICE # (757) 484-0706  
FAX # (757) 484-3217**

In accordance with the Architectural Guidelines, we are requesting approval for the following described alteration(s) and in that connection are enclosing the appropriate documents as indicated below:

Brief description of alteration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate in the space provided the date each of the following items was submitted:

- \_\_\_\_\_ Plans and specifications, including type of materials to be used
- \_\_\_\_\_ Construction schedule
- \_\_\_\_\_ Physical survey showing the exact location of the alteration or addition relation to the existing structure(s) (also know as a Site Plan)
- \_\_\_\_\_ Elevation plan of excavation or change in grading
- \_\_\_\_\_ Photograph(s)
- \_\_\_\_\_ Illustration of any new replacement components such as windows, doors, etc.
- \_\_\_\_\_ Description of and changes in exterior lighting
- \_\_\_\_\_ Other (please give brief description) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR EXTERIOR ALTERATION**

I understand that I shall wait for receipt of written approval of this application before beginning the foregoing alteration(s), and that approval of such alteration(s) by the Architectural Review Committee/Board of Directors does not release us of our obligations to ensure that such alteration(s) is in compliance with the applicable Building and Zoning ordinances for the City of Suffolk and the guidelines and restrictions established by the Driver Pointe Homeowners Association.

Sincerely,

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE PRINT:

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**ARCHITECTURAL REVIEW COMMITTEE/BOARD OF DIRECTORS**

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Approved with attached stipulations

\_\_\_\_\_ Denied

By:

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date