APPLICATION FOR EXTERIOR ALTERATION

MANAGER: SANDY MAGILL
EDGEWOOD CONDOMINIUM AT BELLEHARBOUR ASSOCIATION
5849 HARBOUR VIEW BLVD, SUITE 200
SUFFOLK, VIRGINIA 23435
OFFICE # (757) 484-0706 EXT. 425
FAX # (757) 484-3217

Address: _3737 Pear Orchard Way_____

Ladies and Gentlemen:

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: Satellite Installation from Direct TV. Installer needs to know all rules associated with installation._____

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_____

_____

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 in 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

_____ Description of plantings or landscape to be removed, added, or altered

_____ Other (please give brief description) _____

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EDGEWOOD CONDOMINIUM AT BELLEHARBOUR ASSOCIATION

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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 Board/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 Edgewood Condominium at Belleharbour Association. Please note that any damage caused to sidewalks, curbs, and streets due to the installation and/or construction of alterations will be my (the homeowners) responsibility to repair and/or replace, at my own cost and must be returned to its original condition.

Sincerely,
Reggie Hubbard

_____15MAR2010_____
Signature of Applicant Date

Unit Address: _____3737 Pear Orchard Way_____ Alteration is for:
____Satellite_____

PLEASE PRINT:
Reggie Hubbard
Name: _REGGIE
HUBBARD_____

Address: ____3737 Pear Orchard Way
_____

Home Phone: _757-375-6015_____

Work Phone: _____

Fax: _____

ARCHITECTURAL REVIEW COMMITTEE/BOARD OF DIRECTORS

_____ Approved as submitted

_____ Approved with attached stipulations

_____ Denied

By:

_____ _____ _____
Print Name/Title Signature Date