

THE GABLES AT KEMPSVILLE GREENS CONDOMINIUM ASSOCIATION

525 S. Independence Blvd.
Suite 200
Virginia Beach, VA 23452-1103
(757) 497-5752 Fax - 497-9133

APPLICATION FOR ARCHITECTURAL REVIEW

Date: _____

Owner: _____

Address: _____

Telephone: H: _____ W: _____ E-mail: _____

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 and agree that I/We will be responsible for correcting any damage to adjacent properties and/or common areas resulting from the alteration/change/addition requested herein. If the alteration/change/addition requested herein requires access to adjacent properties and/or common areas then I/We must obtain written permission from the adjacent property owner. Any such written permission will also include a statement of the applicant's responsibility to correct any damage done to the property as a result of installing the alteration/change/addition".

