

APPLICATION FOR EXTERIOR ALTERATIONS

HUNTINGTON PARK CONDOMINIUM ASSOCIATION
5849 HARBOUR VIEW BOULEVARD, SUITE 200
SUFFOLK, VIRGINIA 23435
OFFICE # (757) 484-0706X410
FAX # (757) 484-3217

Date: _____

Name of Property Owner: _____

Property Address: _____

Phone number of Owner: _____

Contractor Name: _____

Contractor Address: _____

Date of Anticipated Construction Start & Finish: _____

Ladies and Gentlemen:

We are requesting approval of the following described alteration(s) in accordance with the Architectural Guidelines. Enclosed are the appropriate documents as indicated below:

Brief description of alterations:

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) _____
- _____
- _____
- _____

Are you a member in good standing of the Huntington Park Condominium Association?

YES _____ NO _____

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 Portsmouth, and the guidelines and restrictions established by the Huntington Park Condominium 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.

ALL EXTERIOR ALTERATIONS MUST BE COMPLETED WITHIN NINE (9) MONTHS FROM THE DATE OF THE APPROVAL LETTER.

Sincerely,

Signature of Applicant
PLEASE PRINT:

Date

Name: _____

Phone: (H) _____

(W) _____

Address: _____

(C) _____

(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

Print Name/Title

Signature

Date

Print Name/Title

Signature

Date

***COMMENTS:**