



5849 Harbour View Blvd
SUITE 200
SUFFOLK, VA 23435
484-0706
484-3217 FAX

APPLICATION TO THE ARCHITECTURAL REVIEW BOARD

Please complete the items listed below and include this form with plans submitted for preliminary review.

DATE _____

NAME OF PROPERTY OWNER _____

LOCATION OF PROPERTY _____

PHONE NUMBER OF OWNER _____

CONTRACTOR & MAILING ADDRESS _____

ANTICIPATED CONSTRUCTION _____

START DATE & FINISH DATE _____

BRIEF DESCRIPTION OF PROJECT _____

ITEMS TO BE SUBMITTED FOR REVIEW:

- 1.) SITE PLAN SHOWING AREAS OF IMPROVEMENT AND DIMENSION SPECIFICATIONS, AS WELL AS PLANS AND SPECIFICATIONS FOR IMPROVEMENT PROJECTS.
- 2.) COLOR PALATES OF ALL REQUESTED CHANGES AND NARRATIVE OF FINAL COLOR SPECTRUM FOR ENTIRE HOUSE AREA.
- 3.) SPECIFIC TYPES OF MATERIALS TO BE USED, TO INCLUDE WOOD AND STAIN TYPES AND OTHER CONSTRUCTION MATERIALS TO BE USED.
- 4.) ELEVATION PLAN OF EXCAVATION OR CHANGE IN GRADING (IF APPLICABLE).
- 5.) ILLUSTRATION OF ANY NEW REPLACEMENT COMPONENTS SUCH AS WINDOWS, DOORS, ETC.
- 6.) DESCRIPTION OF CHANGES IN EXTERIOR LIGHTING.
- 7.) DESCRIPTION OF PLANTINGS OR LANDSCAPE TO BE REMOVED, ADDED OR ALTERED.
- 8.) COPY OF BUILDING PERMIT WHEN OBTAINED (IF APPLICABLE) OR OTHER SPECIAL PERMITS WHERE NECESSARY.
- 9.) ALL OTHER MATERIALS RELEVANT TO THE REQUESTED IMPROVEMENT.

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Page 2

Final approval will be based upon information supplied in or with the application. This approval is limited to design criteria established by the Architectural Review Board of the Association and should not be interpreted as approval of any variation from restrictions or conditions imposed on the property owner by contract, other provisions of the recorded covenants, or any regulations or requirements of the local building inspector's office.

I understand that I MUST wait for receipt of your written approval of this application before beginning the foregoing alteration and that approval of such alteration by the Architectural Review Board does not release us of our obligations to ensure that such alteration is in compliance with all local, state or federal ordinances.

ALL EXTERIOR ALTERATIONS MUST BE COMPLETED WITHIN 90 DAYS FROM THE DATE OF THE APPROVAL LETTER.

Signature

Date

PROJECT TITLE: _____

ARCHITECTURAL REVIEW BOARD/BOARD OF DIRECTORS ACTION

_____ Approved as submitted

_____ Approved with the attached stipulations

_____ Disapproved

Comments: _____

By:

Printed Name/Title

Signature

Date

Printed Name/Title

Signature

Date

Printed Name/Title

Signature

Date