

SANDERS CROSSING

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

APPLICATION FOR ARCHITECTURAL REVIEW

Date: _____

Owner: _____

Address: _____

Telephone: H: _____ W: _____

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 that I/we must wait for written approval before beginning the subject alteration and that approval by the Architectural Committee does not release our obligation to ensure that the alteration is in compliance with the applicable regulations for the city.

Signature

Signature

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The request as described is **approved**.

Signature

Date

The request as described is **approved with the following conditions:**

Signature

Date

The request as described is **denied**.

Signature

Date

The request as described is **denied because of the following conditions:**

Signature

Date