

APPLICATION FOR EXTERIOR ALTERATION

SUNFALL at the RIVERFRONT CONDOMINIUM ASSOCIATION, INC.
5849 HARBOUR VIEW BLVD., SUITE 200
SUFFOLK, VIRGINIA 23435
OFFICE # (757) 484-0706, Ext. 408
FAX # (757) 484-3217

RE: Lot: _____ Address: _____

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: _____

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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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 Sunfall at the Riverfront 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.

Sincerely,

Signature of Applicant

Date

PLEASE PRINT:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

ARCHITECTURAL REVIEW COMMITTEE/BOARD OF DIRECTORS

_____ Approved as submitted

_____ Approved with stipulations

_____ Denied

Stipulations: _____

Print Name/Title

Signature

Date