

**APPLICATION FOR EXTERIOR ALTERATION**

MANAGER: ED CARTER  
THE GABLES AT THE RIVERFRONT CONDOMINIUM ASSOCIATION  
5849 HARBOUR VIEW BLVD., SUITE 200  
SUFFOLK, VIRGINIA 23435  
OFFICE # (757) 484-0706 EXT. 406  
FAX # (757) 484-3217

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)
- \_\_\_\_\_ 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 The Gables 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

Unit Address: \_\_\_\_\_ Alteration is for: \_\_\_\_\_

**PLEASE PRINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**ARCHITECTURAL REVIEW COMMITTEE/BOARD OF DIRECTORS**

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Approved with attached stipulations

\_\_\_\_\_ Denied

By:

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date