

WESTERN BRANCH COMMONS CONDOMINIUM ASSOCIATION  
APPLICATION FOR EXTERIOR ALTERATION

WESTERN BRANCH COMMONS  
CONDOMINIUM ASSOCIATION  
5849 HARBOUR VIEW BLVD., SUITE 200  
SUFFOLK, VIRGINIA 23435  
TELEPHONE: (757) 484-0706  
FAX: (757) 484-3217

DATE: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

In accordance with the Declaration of Covenants and Restrictions, 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.

\_\_\_\_ Illustration of any new or replacement components such as windows, doors, lighting, gutters, etc.

\_\_\_\_ Description of plantings/trees to be removed or added.

\_\_\_\_ Photographs/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 Review Board does not release our obligation to ensure that the alteration is in compliance with applicable regulations for the City of Chesapeake, the Guidelines, Rules and Regulations and Restrictions established by the Western Branch Commons Condominium Association.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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***For Architectural Review Board use:***

\_\_\_\_\_ The request as described is approved with the following stipulations:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_