

APPLICATION FOR ARCHITECTURAL REVIEW

WEXFORD DOWNS HOMEOWNERS ASSOCIATION  
5849 Harbour View Blvd., SUITE 200  
SUFFOLK, VIRGINIA 23435  
OFFICE: 484-0706 FAX 484-3217

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

In accordance with the Architectural Guidelines, 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.
- \_\_\_\_ Illustrations of any new or replacement components such as windows, doors, lighting, etc.
- \_\_\_\_ Copy of City of Suffolk building and zoning permits.
- \_\_\_\_ Photographs/Drawings.
- \_\_\_\_ Other.

I/we understand that I/we must wait for receipt of written approval before beginning the foregoing alteration and that approval by the Architectural Review Board does not release us of our obligation to ensure that the alteration is in compliance with the applicable Building and Zoning ordinances for the City of Suffolk.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

ARCHITECTURAL REVIEW BOARD  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Need Additional Information \_\_\_\_\_

\_\_\_\_\_  
Signature Date