

**WHARF'S LANDING HOME OWNERS ASSOCIATION, INC.  
EXTERIOR ALTERATION APPLICATION**

# \_\_\_\_\_  
To be assigned by Management

**Please e-mail or deliver to:**                      **Date received;** \_\_\_\_\_  
Wharf's Landing Home Owners Association, Inc. **Date Submitted;** \_\_\_\_\_  
525 S. Independence Blvd., Suite 200  
Virginia Beach, VA 23452-1103  
E-mail [kevino@unitedproperty.org](mailto:kevino@unitedproperty.org) Fax (757) 497-9133

**Warning:** Exterior alterations commenced without prior approval of the ARB (Architectural Review Board) are in violation of the covenants and are at the applicant's own risk. (Please review the WLHOA Declarations prior to submitting your application), to make sure your request is in compliance.

**FROM: (Please print in ink or type)**

**NAME:** \_\_\_\_\_

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

**PHONE: HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

Project is expected to begin on \_\_\_\_\_ and be completed by \_\_\_\_\_ allow a minimum of 30 days for approval of this application.

**IT IS STRONGLY RECOMMENDED THAT NO CONTRACTS BE ENTERED INTO OR MATERIAL ORDERED PRIOR TO GETTING YOUR APPLICATION APPROVED.**

**APPLICATION FOR: (Check appropriate work)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Doors/windows | <input type="checkbox"/> Yard Ornaments | <input type="checkbox"/> Exterior Color |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Play Eqpmt.    | <input type="checkbox"/> Sheds          |
| <input type="checkbox"/> Fence         | <input type="checkbox"/> Excavation     | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Deck/Patio    | <input type="checkbox"/> Landscaping    | <input type="checkbox"/> Satellite Dish |

**DESCRIPTION OF ALTERATION:** Supplemental sheets, sketches, plat showing location and architectural drawings, fully describing the proposed alteration, must be attached before the ARB will review the application. In case of an exterior color change, a sample of the new color along with a description of the existing color must be submitted.

**HOME OWNER RESPONSIBILITY:** Appropriate permits and licenses must be obtained as necessary to comply with the Camden County Codes and Ordinances.

**Note: The ARB/BOARD will meet monthly if there are requests for modifications or other business to be considered. You will be notified as to whether your application has been approved with or without conditions or disapprove within 30 days.**

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ARCHITECTURAL REVIEW BOARD:**

The request # \_\_\_\_\_ as described is  **approved**  **approved with conditions**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The request as described will be **approved upon compliance of the following conditions:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The request as described is **denied for the following reasons:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date