



APPLICATION FOR EXTERIOR ALTERATION/ADDITION

UNITED
PROPERTY
ASSOCIATES

RE: PROPERTY NAME RESIDENT NAME
APT. ADDRESS

Gentlemen:
In accordance with my lease, 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:

525 SOUTH INDEPENDENCE BLVD.
SUITE 200
VIRGINIA BEACH
VIRGINIA 23452-1189
(757) 497-5752
FAX (757) 497-9133

Please indicate in the space provided the date each of the following was submitted:

Description of items to be used/installed
Timetable (approx. installation date)
Drawing showing the exact location of the alteration to the existing structure
Elevation plan of excavation or change in grading
Photograph(s)
Other (please give brief description)

827 DILIGENCE DRIVE
SUITE 126
NEWPORT NEWS
VIRGINIA 23606-4212
(757) 873-1185
FAX (757) 873-8907

5849 HARBOUR VIEW BLVD.
SUITE 200
SUFFOLK
VIRGINIA 23435-3768
(757) 484-0706
FAX (757) 484-3217

APPLICATION FOR EXTERIOR ALTERATION/ADDITION

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 Management Company 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 and the guidelines and restrictions
established by the Apartments.

103 BULIFANTS BLVD.
SUITE A
WILLIAMSBURG
VIRGINIA 23188
(757) 345-5383
FAX (757) 345-5385

I understand that there can be no building penetrations nor any attachments to buildings.

SPECIALISTS IN
THE MANAGEMENT
OF APARTMENTS •
HOUSES • CONDOMINIUM
AND HOMEOWNER
ASSOCIATIONS

I agree that upon vacating my apartment I will remove the dish, supports, and all wiring. Failure to
do so will result in being charged for the cost of removal and disposal of the equipment and wiring.

Read and agreed to:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE PRINT:

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

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

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

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

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

**ARCHITECTURAL REVIEW BY UNITED PROPERTY ASSOCIATES**

\_\_\_ Approved as submitted

\_\_\_ Approved with attached stipulations: **Note Manager is to have resident initial any changes and email final copy of this form to  
Company representative signing below before resident/vendor makes any alterations.**

\_\_\_ Denied

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name/Title of  
Apartment Representative

Signature of Representative  
of Apartment Property

Date