

ARCHITECTURAL MODIFICATION REQUEST FORM

Name:	(please print in ink	c or type)		
Proper	ty Address:			, Norfolk, VA 23508
Phone:	: (hm)	(wk)	(cell) _	
Email	Address:			
<u>APPL</u>	ICATION FOR:	(complete separate application for	or each request)	
□ Nev	w Installation	☐ Replace Existing Item	☐ Repa	air Existing Item
etc., a materia of appl	s needed, to explaals, dimensions, localication. DO NOT BE	<u>n</u> : Please attach supplemental shain the purpose and details of cation, etc. Failure to provide ad <u>CGIN ANY WORK UNTIL AP</u> request, you must submit the foll	proposed alteratequate information	tion. Include colors, on will result in denial
items of review considerate comme	considered applicatived and approved. (er an item to be n	ion by the Board of Directors are (It is understood that some items on-applicable, please annotate " prior approval of the Associate	e not supplied, you may not apply to 'N/A".) Please	our request may not be to your project. If you note that alterations
	Total square foota Front, rear and bot Description and lo or playhouse, etc. Description and lo Photographs of ex areas that are not a be disrupted. Specify and descri	chowing location of improvement ge of structure. th side elevations of structure. ocation of all proposed structures ocation of all landscaping. existing structure and areas to be fully owned and not completely ribe the following with color, marer's product description	s: Pool, walkway e affected by in within the prope	ys, paths, outdoor gym nprovement, including erty lines that will/may
		Beginning Date:	_ Completion I	Date:
Owner	a's Signature:		Date:	

THE AREA BELOW IS FOR ASSOCIATION USE

Date Application Received:	_	
☐ Application Approved as Submitted ☐ Application Disapproved ☐ Application Approved with the following stipulations:		
	•	
Board or Committee Signature:	Date:	