

## ARCHITECTURAL CONTROL COMMITTEE REQUEST FORM

1.	PROPERTY OWNER DATA:	
	Name:	
	Address:	
	Telephone:	Email:
2.	DETAILED DESCRIPTION OF REQUESTED ALTERATION:	
3.	DESCRIPTION OF ALL MATERIALS TO BE USED:	
4.	NAME OF CONTRACTOR (or SELF i	f applicable):
5.	ARE CITY ZONING AND PERMIT AS WORK? YES NO	PPROVALS REQUIRED FOR PROPOSED
res htt con any	sponsibility to contact the City of Vir tp://www.cityofchesapeake.net for detailed nstruction - you must have WRITTEN APPRO	samples, sketches / blue prints. It is the Homeowner's ginia Beach to determine Permit Requirements info. Obtaining a City permit does not authorize OVAL FROM THE ASSOCIATION prior to starting to six (6) weeks to respond to your request in writing. cation is received.
Sig	gnature	Date
2	$\omega$	