



# Forest Lakes Homeowners Association

## Architectural Alterations Application

Submit completed form & attachments to "Architectural Committee"  
Matt Kress 1004 Forest Lake Drive (757) 374-7214 (mkressgold@outlook.com)

### Home Owner – Must meet City codes & permit guidelines

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Chesapeake, Virginia 23322-7571  
 Email \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

### Description: - Improvement or Alteration submitted for consideration is as follows

\_\_\_\_\_  
 \_\_\_\_\_

### Plans & Specifications -Provide as many as possible to expedite submission process

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of plat with layout of change  | <input type="checkbox"/> Copy of city permit               |
| <input type="checkbox"/> Plans/Sketch/Photo /Drawings        | <input type="checkbox"/> Statements from neighbors         |
| <input type="checkbox"/> Nature/Shape/Height/Color/Material  | <input type="checkbox"/> Signatures from neighbors (below) |
| <input type="checkbox"/> Any additional supporting documents | <input type="checkbox"/> _____                             |

### Neighbor Action –

Status	<input type="checkbox"/> It's Okay	<input type="checkbox"/> It's an Issue	Comment	_____
Name	_____	Address	_____	
Email	_____	Phone	Signature	_____ Date _____

  

Status	<input type="checkbox"/> It's Okay	<input type="checkbox"/> It's an Issue	Comment	_____
Name	_____	Address	_____	
Email	_____	Phone	Signature	_____ Date _____

### Committee Action – It takes two committee member signatures to complete this form.

<input type="checkbox"/> Approved as submitted	<input checked="" type="checkbox"/> Approved as noted	<input type="checkbox"/> Disapproved
Name	Matthew J. Kress	Signature _____ Date _____
<input type="checkbox"/> Approved as submitted	<input type="checkbox"/> Approved as noted	<input type="checkbox"/> Disapproved
Name	_____	Signature _____ Date _____

### Arch Workspace for Notes & Comments

MUST MEET ALL CITY CODES AND GUIDELINES i.e - PERMITS IF REQUIRED

\_\_\_\_\_  
 \_\_\_\_\_  
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