

**HERON'S COVE CONDOMINIUMS
ARCHITECTURAL REVIEW APPLICATION**

Please complete and return form to: Heron's Cove Condominium Association
The Select Group Inc.
2224 Virginia Beach Blvd. Suite 201
Virginia Beach, VA 23454

or

Fax or Email completed application: heronscope@theselectgroup.us
fax: 757-486-6988

Submitted by: (Please Type or Print)

NAME: _____

ADDRESS: _____

TELEPHONE: (Day) _____ (Night) _____

EMAIL: _____

Description of Request: Give full details of purpose and/or reason for the request, type and color of materials to be used, location on the property, supportive / descriptive data, etc. (use additional sheet of paper if necessary)

If the request is for a structural change / addition, attach a sketch or architectural plan.

Owner Acknowledgements:

- Nothing herein contained shall be construed to represent that alteration to land or buildings in accordance with these submitted plans shall violate neither any of the protective covenants nor any of the provisions or Building and Zoning Codes of the City of Virginia Beach to which the above

Heron's Cove Condominiums
Architectural Review Application
Page 2

property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.

- The Code of the City of Virginia Beach for Building Inspections requires that you file an application for a building permit for structural changes.
- I understand and agree that no work on this request shall begin until written approval is received by me from the association.
- This application usually takes between 30 - 45 days for complete review and for an answer to be delivered to the applicant. In the event additional information is required, the management will notify the applicant directly.
- As the owner, if I am not performing the installations myself, I shall send management a copy of the *contractor's business license* and *valid certificate of Insurance* listing the following: 1. Liability Coverage (must list Herons Cove and The Select Group as **ADDITIONALLY INSURED**, 2. Automobile Coverage and 3. Workmen's Comp Insurance.

Signature: _____

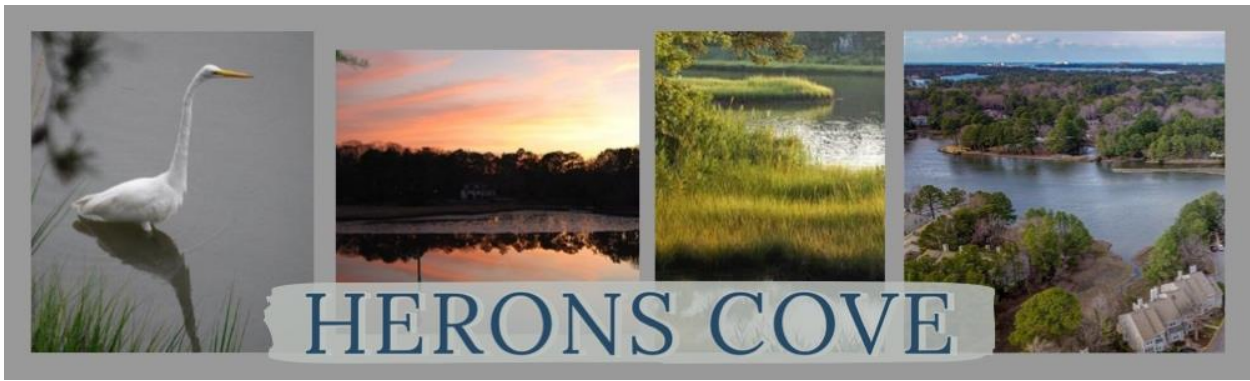
Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received By: _____

Date reviewed: _____

Recommendation of management (other designated party):



Date Presented to Board of Directors for Review: _____

Decision of the Board of Directors: _____

Presiding Officer (Print Name): _____

Presiding Officer Signature: _____

Stipulations: _____

Date Applicant Notified of Management Decision: _____

Please return completed form to:
The Select Group, Inc.
2224 Virginia Beach Boulevard, Suite 201
Virginia Beach, Virginia 23454
heronscove@theselectgroup.us or via fax 757.486.6988