



c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: mmclure@theselectgroup.us website: www.theselectgroup.us

ARCHITECTURAL MODIFICATION REQUEST FORM

Name: _____
(please print in ink or type)

Property Address: _____, Norfolk, VA 23508

Phone: (hm) _____ (wk) _____ (cell) _____

Email Address: _____

APPLICATION FOR: (complete separate application for each request)

- New Installation
- Replace Existing Item
- Repair Existing Item

Description of Alteration: Please attach supplemental sheets, sketches, architectural drawings, etc., as needed, to explain the purpose and details of proposed alteration. Include colors, materials, dimensions, location, etc. Failure to provide adequate information will result in denial of application.

DO NOT BEGIN ANY WORK UNTIL APPROVAL IS GRANTED

In order to process your request, you must submit the following items listed below. If all of the items considered application by the Board of Directors are not supplied, your request may not be reviewed and approved. (It is understood that some items may not apply to your project. If you consider an item to be non-applicable, please annotate "N/A".) **Please note that alterations commenced without the prior approval of the Association are in violation of the covenants and are at the applicant's own risk.**

- Site plan/survey, showing location of improvement, setbacks, property lines. etc.
 - Total square footage of structure.
 - Front, rear and both side elevations of structure.
 - Description and location of all proposed structures: Pool, walkways, paths, outdoor gym or playhouse, etc.
 - Description and location of all landscaping.
 - Photographs of existing structure and areas to be affected by improvement, including areas that are not fully owned and not completely within the property lines that will/may be disrupted.
 - Specify and describe the following with color, material, type and finish as well as the detailed manufacturer's product description
- Time Schedule:** Beginning Date: _____ Completion Date: _____

Owner's Signature: _____ Date: _____

Please return completed form to The Select Group at the address or fax number above or email to mchu@theselectgroup.us

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: _____