



HOMEOWNERS ASSOCIATION, INC.

EXTERIOR ALTERATION REQUEST

Name: _____ Submission Date: _____

Address: _____

Phone Number: (H) _____ (W) _____ (C) _____

Email Address: _____

Improvement/Alteration Requested: (Please give a brief description of the improvement, where it is to be located, type of materials involved, etc. - attach supplementary information as applicable.)

Please return completed form to The Select Group at the address or fax number below or email it to jlusk@theselectgroup.us

FOR OFFICE USE ONLY
____ Request Approved by Architectural Review Board
____ Request Approved by Architectural Review Board Subject to Following Modification(s):

____ Request Disapproved by the Architectural Review Board
Signed By: _____ Date: _____
Architectural Review Board

NOTE: An approval for any architectural requests is based on the esthetic value to the community. Approval does not waive the homeowner’s responsibility for obtaining permits from the City of Chesapeake or any other governmental agencies, as applicable.

Any deviations from this approval will require a new application to be submitted.