



**AT HILLPOINT HOMEOWNERS ASSOCIATION**  
 c/o The Select Group, Inc.  
 2224 Virginia Beach Blvd., #201, Virginia Beach, VA 23454  
 (757) 486-6000 fax: (757) 486-6988  
 email: [rphippins@theselectgroup.us](mailto:rphippins@theselectgroup.us)  
 or visit us on the web: [www.theselectgroup.us](http://www.theselectgroup.us)

**APPLICATION REQUEST FOR ARCHITECTURAL REVIEW**

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with the Declaration, By-laws, Rules and Regulations and Arcitectural Guidelines, I/We are requesting approval for the following described addition, alteration, or removal to the exterior of my home and/or property:

**Description of the addition, alteration, or removal you wish to make:**

\_\_\_\_\_

\_\_\_\_\_

*(The Committee cannot process an application without full and complete description of the style of the item(s) to install, change or remove. Provide pictures if the item is not on the approved list of fixtures.)*

**Provide as much information as applicable:**

1. Plans and specification including type of materials to be used
2. Survery, Site Plan, or Plot Plan showing location of addition or alteration on lot and in relation to existing structures
3. Illustrations of any new or replacement components such as windows, doors, lighting, gutter, etc.; description of fencing to be added.
4. Contractor name, contact information, and license number (if applicable)
5. Copy of Building and Zoning Permits from City (if applicable)
6. Photographs/Drawings
7. Other (please describe)

I/We understand that Association written approval must be received **PRIOR** to beginning the subject addition/alteration/removal and that approval by the Architectural Committee does not release our obligation to ensure that the alteration is in compliance with the applicable regualtions for the City of Suffolk.

\_\_\_\_\_  
 Homeowner Signature

\_\_\_\_\_  
 Homeowner Signature

**FOR OFFICE USE ONLY**

Date Received by Management: \_\_\_\_\_ Date Sent to Committee: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied – Reason for denial: \_\_\_\_\_

By: \_\_\_\_\_ on \_\_\_\_\_

Date Applicant notified by Management of Decision: \_\_\_\_\_

Return completed application to The Select Group at the address or fax number above or email to [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)