



APPLICATION FOR EXTERIOR MODIFICATION, ALTERATION OR ADDITION

1. PROPERTY OWNER DATA:

Name: _____

Address: _____

Telephone: _____ Email: _____

2. DETAILED DESCRIPTION OF REQUESTED ALTERATION:

3. DESCRIPTION OF ALL MATERIALS TO BE USED:

4. NAME OF CONTRACTOR (or SELF if applicable): _____

5. ARE CITY ZONING AND PERMIT APPROVALS REQUIRED FOR PROPOSED WORK YES ____ NO ____

It is the Homeowner's responsibility to contact the City of Virginia Beach to determine Permit Requirements www.vbgov.com/dept/planning/permits. Obtaining a City permit does not authorize construction - you must have **ASC WRITTEN APPROVAL** prior to starting any work (See Declaration Rule 7.04).

Please plan ahead! The ACC has up to six (6) weeks to respond to your request in writing. The clock does not begin until a complete application is received.

Applicant Signature: _____ Date: _____

PLEASE BE SURE TO INCLUDE ALL DETAILS: THE ASSOCIATION RESERVES THE RIGHT TO RETURN INCOMPLETE APPLICATIONS WITHOUT ACTION.

Send application to: **The Select Group**
2224 Virginia Beach Boulevard Suites 201
Virginia Beach, VA 23454
Send questions to: acosby@theselectgroup.us

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FOR OFFICE USE ONLY:

Date Application Received: _____ Application Number Assigned: _____

ASC Member _____ ASC Member _____ ASC Member _____
Approve/Disapprove Approve/Disapprove Approve/Disapprove

Applicant Notified of Decision: _____

Version: August 03, 2016



**Thalia Station Condominium Association
Door and Window Replacement Application**

This form must be completed in its entirety. Doors, windows and storm doors may not be removed or replaced before this form is approved by The Thalia Station Condominium Association. After shopping for a door, attach the contractors work order (contract) and manufacturers (suppliers) detailed description of the door including a manufacturer's picture or drawing depletion of the actual door to be purchased. Return this form along with attachments to The Select Group (757)486-6000 for approval. Approval will be made as soon as possible, however, allow 4-6 weeks.

Name: _____

Address: _____

Building#: _____ Telephone#: _____

I am removing and replacing (Circle all that apply):

Front Door

Patio Door

Exterior Storage Door

Sliding Patio/Deck door

Window(s)

Storm/Screen Door

I am adding a Storm/Screen Door

Date of proposed installation: _____

Contractors Name: _____

Contractors Address: _____

Contractors Telephone #: _____

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Applicant Signature: _____ Date: _____

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Send application to: The Select Group at the address or fax number below or email to acosby@theselectgroup.us