



COMMUNITY ASSOCIATION, INC.

EXTERIOR ALTERATION APPLICATION

WARNING: Exterior alterations commenced without prior approval of the Architectural Committee is in violation of the covenants and is at the homeowners' own risk. (Please review all the Conditions, Restrictions, Easements, Charges and Liens.)

NAME (Please print in ink or type): _____

Address: _____, Virginia Beach, VA 23453

Phone: (home) _____ (work) _____ (cell) _____

APPLICATION FOR (check appropriate work - you may check more than one):

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Repair | <input type="checkbox"/> Alteration | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Relocate Existing Structure | <input type="checkbox"/> Building | <input type="checkbox"/> Fence | <input type="checkbox"/> Wall |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Deck | <input type="checkbox"/> Porch | <input type="checkbox"/> Porch Rails |
| <input type="checkbox"/> Guttering | <input type="checkbox"/> Excavation | <input type="checkbox"/> Grading | <input type="checkbox"/> Yard Ornaments |
| <input type="checkbox"/> Exterior Color Scheme | <input type="checkbox"/> Exterior Finish | <input type="checkbox"/> Other _____ | |

TIME FRAME: Project is expected to begin on _____ and be completed by _____

DESCRIPTION OF ALTERATION: A copy of the Engineer's survey of your home (with seal from the City), supplemental sheets, sketches, plats and drawings that fully describe the proposed alteration must be attached before the ACC will review the application. In case of an exterior color change, a sample of the new color along with a description of the existing color must be submitted.

ACKNOWLEDGEMENT: Please obtain four signatures of adjacent and/or visually affected neighbors wherever possible. Acknowledgement indicates **awareness** of intent, **not** necessarily approval or disapproval.

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

NOTE: The Architectural Committee has forty-five (45) days from the date a completed application has been received to approve or disapprove each application.

OWNER'S SIGNATURE: _____ **DATE:** _____

**Return completed form to The Select Group at the address or fax number below
or email to rphippins@theselectgroup.us**

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