



## Condominium Association, Inc.

### ARCHITECTURAL VARIANCE REQUEST

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS/LOT NUMBER OF PROJECT LOCATION, IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUESTED IMPROVEMENTS: \_\_\_\_\_

\_\_\_\_\_

I/We submit all information for approval. I/We further understand and will comply with all of the conditions and requirements stated on this application.

By Owner(s)/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**BOARD RECOMMENDATION**

\_\_\_\_\_ Board grants **APPROVAL** Subject to the Following Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Board grants **DISAPPROVAL** for the Following Reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**BOARD PRESIDENT**

\_\_\_\_\_  
**DATE**

**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".)

- ☐ 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: \_\_\_\_\_

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