



Witchduck Lake Condominium Association

Witchduck Lake Condominium Association

c/o The Select group
2224 Virginia Beach Blvd Ste. 201
Virginia Beach, VA 23454

Date: _____ Owner Name _____

Address: _____

Telephone: (H) _____ (C) _____

In accordance with the Architectural Guidelines, I/We are requesting approval for the following described alteration/change/addition, and have enclosed the documents designated below:

Description of alteration/change/addition:

- Plans and Specifications including type of materials to be used.
- Survey, Site Plan or Plot Plan showing location of addition or alteration on lot/in relation to existing structures
- Illustration of any new or replacement components such as windows, doors, light, gutters, etc.
- Description of plantings/trees to be removed or added.
- Copy of Virginia Beach Building and Zoning Permits. Photographs/Drawings
- Other _____

I/we understand that I/we must wait for written approval before beginning the foregoing alteration and that approval by the Architectural Review Committee does not release us of our obligation to ensure that the alteration is in compliance with the applicable Building and Zoning Ordinances for the City of Virginia Beach. I further understand that the Committee has up to 45 days from receipt of this application to reply to this request.



APPLICATION FOR ARCHITECTURAL REVIEW – Page 2

Please obtain four (4) signatures of **adjacent and/or visually affected neighbors** wherever possible. Acknowledgement indicates awareness of intent, not necessarily approval or disapproval.

Name: (PRINT THEN SIGN)

Address:

Name: (PRINT THEN SIGN)

Address:

Name: (PRINT THEN SIGN)

Address:

Name: (PRINT THEN SIGN)

Address:

ARCHITECTURAL REVIEW BOARD: The request as described is approved.

Name:

Date:

Name:

Date:

Name:

Date:

Name:

Date:

The request as described is approved with the following condition:

The Request as described is denied because of the following conditions:

BOARD MEMBERS:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

PLEASE RETURN FORM TO malcala@theselectgroup.us or
you may fax to 757-486-6988.