

Threechopt Village



Community Association

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 website: www.theselectgroup.us

ARCHITECTURAL REQUEST FORM

This request will become part of the Homeowner's documents and must be complied with by any succeeding owners.

We (Owner Name/s) _____, do hereby request permission to
make the following modification to my/our residence located at _____
in Threechopt Village Homeowners Association:

DESCRIPTION OF REQUEST: _____

Name & Contact Info for Vendor: _____

Attach the following as indicated:

- Plot plan with proposed modification(s) to approximate scale with dimensions.
- Complete description (photo/drawings) as to construction design, materials (types & sizes) and color/finish.
- Floor plan, elevation, section drawing (i.e. footings).
- Copy of City Building Permit (if applicable).

I do, by my signature, understand and agree to the following:

1. I assume total responsibility for the upkeep and maintenance of all modifications made and acknowledge that obtaining insurance for the improvements is my responsibility.
2. The modification will not in any way hinder yard care or any other Association maintenance responsibility.
3. I accept total responsibility for any damage to person or properties that may be caused by this modification and hereby hold the Association harmless on any claims from third parties.
4. The Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: the modification is not constructed or installed as per specifications submitted for approval with this form; the modification is not maintained in a safe condition satisfactory to the Board of Directors.
5. I certify that I have read and agree to follow the Rules and Regulations pertaining to architectural control and review (if applicable).
6. This request, if approved, becomes part of the permanent file of the unit records held by the Association.

SIGNATURE: _____

DATE: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

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**Return completed application to The Select Group at the address or fax number provided
above or email to mromero@theselectgroup.us**

DO NOT WRITE BELOW THIS LINE

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Date received by Association: _____

<div style="margin-bottom: 20px;"><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div><div>Approved by Board of Directors</div></div></div> <div><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div><div>Approved with the following contingencies by the Board of Directors: _____</div></div><div style="margin-top: 10px;"><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div><div>Disapproved by the Board of Directors for the following reason(s) _____</div></div><div style="margin-top: 10px;"><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div>

Signature of Board Representative

Date