



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

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: _____

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

**THRECHOPT VILLAGE COMMUNITY ASSOCIATION, INC.
ARCHITECTURAL REQUEST FORM
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DO NOT WRITE BELOW THIS LINE



Date received by Association: _____

<p>_____ Approved by Board of Directors</p> <p>_____ Approved with the following contingencies by the Board of Directors: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Disapproved by the Board of Directors for the following reason(s) _____</p> <p>_____</p> <p>_____</p>
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Signature of Board Representative

Date