

River Breeze Condominium Association, Inc.

APPLICATION FOR ARCHITECTURAL REVIEW

Date:		
Owner:		
Address:		
EMAIL:		
Home #:	Work: _	Other:
		and Restriction, I/we are requesting approval for the nd have enclosed the documentation designated below:
Description o	f alteration/change/addition:	
	Plans and specifications inclu	iding type of materials to be used/COLOR
	_ Survey, Site Plan, or Plot Pl and in relation to existing st	an showing location of addition or alteration on lot
	Illustrations of any new or re lighting, gutters, etc.	placement components such as windows, Doors,
	Description of fencing to be ad	ded
	Copy of Building and Zoning I	Permits from City of Chesapeake VA
	Photographs/Drawings	
	Other (please describe)	
approval by t		ceived prior to beginning the subject alteration, and that of release our obligation to ensure that the alteration is in a City of Chesapeake
Signature		Signature
Return com	pleted application to The Select G	roup at the address or fax number below or return to

malcala@theselectgroup.us

RIVER BREEZE CONDOMINIUM

Application for Architectural Review – Page 2

Date:					
Owner:					
Address:					
Home #:	Work:	Other:			
The request as described above is	s approved.				
Signature	Da	nte			
The request as described above is approved with the following conditions :					
Signature	Da	nte			
The request as described above is denied for the following reasons .					
Signature	Da	ate			

Note that approval of the request is contingent upon the contractor or homeowner agreeing, in writing to be responsible for cleanup and respectful of neighbors when it comes to parking and property. Failure to do so will result in a denial of the request.