



Water Oaks Condominium Association
c/o The Select Group, Inc.
2224 Virginia Beach Blvd, Suites 201/202
Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988
Email: tabrahamson@theselectgroup.us
or visit us at select@theselectgroup.us

ACC Reference #: _____

Date Received: _____

REQUEST FOR ARCHITECTURAL IMPROVEMENT and/or ALTERATION

DATE FULLY COMPLETED APPLICATION IS RECEIVED BY THE SELECT GROUP IS THE SUBMISSION DATE

AC/HEAT PUMP COMPRESSOR REPLACEMENT APPLICATIONS SHOULD BE SUBMITTED A MINIMUM OF 10 DAYS PRIOR TO INSTALLATION (NOTE: ALL GARDEN UNIT COMPRESSOR UNITS ARE REQUIRED TO BE SET BY CRANE)

NO WORK CAN BEGIN WITHOUT WRITTEN APPROVAL FROM THE BOARD OF DIRECTORS

NAME: _____

UNIT ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

OWNER TO INITIAL IN BOX (AS APPLICABLE) AND PROVIDE COPIES OF:

- ☐ Contractor's license (DPOR & Local Business License)
- ☐ Contractor's Certificate of Insurance for Workers Compensation and General Liability (WOCA listed as additional insured)
- ☐ Copy of all permit applications (City of Virginia Beach)
- ☐ Copy of signed Window Guidelines and/or Deck Guidelines (found on WaterOaksCommunity.com)
- ☐ Copies of before and after drawings of planned modified areas. For outdoor compressor unit replacements, include the height, width, and depth of the unit, and dimensions of pad
- ☐ Copy of Structural Engineer's supporting drawings and letter approving design

Please use the back side of this form to provide a detailed explanation of modifications. Attach additional pages as necessary.

IMPROVEMENT/ALTERATION TO UNIT OR LIMITED COMMON ELEMENTS

Provide a description of the improvement, where it is, or will be located, type of materials involved, etcetera.

By signing below, owner(s) attest that the description of work is complete, accurate, and that modifications comply with all current Rules and Regulations of Water Oaks. Owner also certifies that any claim resulting from injury or damage to property not covered by contractor's insurance is the owner(s) responsibility.

DATE _____ SIGNED _____

Send completed form to: Water Oaks Condominium Association, c/o The Select Group, Inc., at the address, fax number, or email address listed above.

FOR OFFICE USE ONLY

- ☐ REQUEST APPROVED BY THE BOARD OF DIRECTORS
- ☐ REQUEST APPROVED BY THE BOARD OF DIRECTORS SUBJECT TO MODIFICATION LISTED: _____
- ☐ REQUEST DISAPPROVED BY THE BOARD OF DIRECTORS

DATE _____ SIGNED _____

Form revised: 11/9/22