



REQUEST FOR ARCHITECTURAL MODIFICATION

Name: _____ Date of Request: _____

Address: _____ Phone Number: _____

Email Address: _____

Details/Type of Modification Requested: _____

Plans & Specifications: Please attach a copy of plat with sketch of modification showing the nature, kind, shape, height, color, material, etc. to be used.

I/we understand that I/we must wait for written Association approval before beginning the subject alteration and that approval by the Association does not release our obligation to ensure that the alteration is in compliance with the applicable rules and regulations for the City of Hampton. Furthermore, the homeowner must fill out this form for any alterations that the homeowner/tenant has agreed upon. No alterations will be approved without the homeowner's consent in writing for Board approval.

Signature of Owner(s): _____

Please return completed form and required documentation to The Select Group at the address or fax number below or email to: jstrickland@theselectgroup.us

OFFICIAL USE ONLY

_____ Approved as submitted

_____ Approved subject to following modification: _____

_____ Disapproved for following reason: _____

Signed: _____, on behalf of the Board of Directors Date: _____