

Compton Valley Estates Homeowners Association

Application for Architectural Change

Please Mail or Deliver To: Compton Valley Estates Architectural Control Committee
c/o Sequoia Management, Inc.
13998 Parkeast Circle
Chantilly, VA 20151-2283
Attn: Cat Follin, Property Manager

Name: _____

Address: _____

Parcel/Lot #: _____

Phone: (H): _____

(W): _____

General Description of Proposed Change

Briefly, describe all proposed improvements, alterations, changes or modifications to your lot or home. Attach required details by drawing, picture or other illustrated data. Include such information as dimensions, materials, color, design, location, etc., in sufficient detail to allow a clear understanding and a decision. Show location of item on your property on a copy of the survey. **(Please type or print ALL information).**

Acknowledgement by adjacent property owners is needed. Their signatures indicate an awareness of intent and do not constitute approval or disapproval. These signatures must be obtained **BEFORE** a decision may be rendered by the Committee.

Signature: _____

Address: _____

Signature: _____

Address: _____

NOTE

Miss Utility 1-800-257-7777
Fairfax County Permit Office – 703-222-0455

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Owner's Acknowledgement

I understand that:

1. Material herein contained shall represent alterations which comply with the zoning and building codes for the County to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of such ordinances.
2. No work shall commence until written approval of the Architectural Control Committee has been received by me.
3. Any construction or exterior alteration before approval of this application is not allowed; that, if alterations are made, I may be required to return the property to its former condition at my own expense; and, that I may be required to apply all expenses incurred.
4. Approval is contingent upon all work being completed in a workmanlike manner.
5. Members of the Architectural Control Committee may make a routine inspection.
6. A copy of this request will be returned to me after review by the Architectural Control Committee.
7. This request is subject to restrictions by the covenants and a review process as established by the Board of Directors.
8. Approval as granted by this application will be revoked if work has not commenced within 60 days of the approved date of this application, and/or completed by the date specified by the panel.
9. All proposed improvements must meet County codes and must be secured by the applicant.
10. Any variation from the original application must be resubmitted for approval.

APPLICANTS SIGNATURE

DATE

- Attachment: (1) Drawing or Picture
- (2) Survey marked with change being requested

FOR COMMITTEE USE ONLY

Date Received: _____

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Need More Information: _____

Date: _____

Comments: _____
