ARCHITECTURAL IMPROVEMENT REQUEST FORM

*Association Name:*_____

To: Architectural Review Committee
c/o Capitol Management Corporation
12011 Lee Jackson Highway, Suite 350
Fairfax, VA 22033

Name(s) of Applicant(s):_____

Address:_____

City:_____   State:_____   Zip Code:_____

Lot #:_____   Block:_____   Section:_____

Telephone: (H)_____   (W)_____

Description of Proposed Improvement (if more space is needed, please use back of this sheet):

_____

_____

_____

_____

_____

Applicant must submit the following with the application:

1.   Site plan showing size, shape and location of improvement to residence and adjoining properties (including specific dimensions of improvement and distances to adjoining properties).

2.   Manufacturer's brochure, if available.

3.   Color samples, if applicable.

4.   Architectural plans/drawings (for major additions/improvements)

5.   Grading plan, if applicable.

6.   Detailed written description of improvement (if not provided, application will be returned pending additional information).

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Applicant hereby warrants that Applicant shall assume full responsibility for:

(i)   All landscaping, grading, and/or drainage issues relation to the improvements (including replacing bonds or escrows posted by Developer currently in place affecting the lot);
(ii)   Obtaining all required City, Town or County approvals relating to said improvements;
(iii)   Complying with all applicable City, Town or County ordinances;
(iv)   Any damage to adjoining property (including common area) or injury to third persons association with the improvement.

Applicant hereby states that they have read the ARC guidelines and agree that all work performed will be in compliance with those guidelines.

_____   _____
Signature of Applicant   Date

_____   _____
Signature of Adjoining Neighbor   Signature of other Adjoining Neighbor

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ARCHITECTURAL REVIEW COMMITTEE RESPONSE:

Date Application Received:_____

_____   Request approved as submitted.

_____   Request approved subject to:_____
          _____
          _____

_____   Response suspended pending submission of:_____
          _____
          _____

_____   Request disapproved.

          Reason for disapproval:_____
          _____
          _____
          _____

_____   _____
Signature – ARC Member   Date