

# EXTERIOR MODIFICATIONS APPLICATION

MAPLE POINTE HOMEOWNERS ASSOCIATION

P.O. Box 955  
Manassas, VA 20113  
www.maplepointehoa.com

## APPLICANT DATA

Name:

Address:  Lot:

Phone:  Email:

## PROPOSAL DATA

### Description of Proposed Modifications

Estimated Start Date:

Estimated Completion Date:

## ADJACENT PROPERTY DATA

Obtain signatures from adjacent property owners that will be affected by modifications.

Address:  Lot:

Name:  \_\_\_\_\_  
Signature

Address:  Lot:

Name:  \_\_\_\_\_  
Signature

I agree to comply with the Declaration of Covenants, Conditions and Restrictions, and local building codes in making the above modifications. Permission is hereby granted for members of the Architectural Control Committee and appropriate Maple Pointe Homeowners Association Board Members to enter my property to make a reasonable inspection of the requested modifications.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date



Received By:  Date Received:

ACC Remarks/Action: