

**Connemara Woods Homeowners Association
Architectural Change Request (ACR) Form**

Name: _____ Property Address: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Estimated Start Date: _____ Estimated Completion Date: _____

General description of Proposed Alteration, Change, or Replacement: _____

Proposed Materials (as applicable):

Color: _____ Style: _____ Type: _____ Dimensions: _____

Additional Information: (e.g., drawing/attachment or detailed description as applicable)

Certification:

I understand approval of the above changes by the Connemara Woods Homeowners Association Architectural Change Committee or Board of Directors does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and observing all local zoning ordinances. If approved, I agree to make the changes under the terms and conditions specified in the notice of approval. All changes will be on my property or property lines. If any portion of the Association's property is disturbed or damaged by my contractor, agent, or myself, I agree to restore the Association's property to its original condition at my expense.

Applicant Signature: _____ **Date:** _____

E-Mail completed form to: michaelsegura40@yahoo.com

Or Mail to:

Connemara Woods Homeowners Association

Attn: ACC Chair

P.O. Box 1544, Sterling, VA 20167

Approved by _____ **Chair, ACC. Date:** _____