

**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: \_\_\_\_\_

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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:** willi2ps@gmail.com

**Or Mail to:**

Connemara Woods Homeowners Association

Attn: ACC Chair

P.O. Box 1544, Sterling, VA 20167

**Approved by** \_\_\_\_\_ **Chair, ACC. Date:** \_\_\_\_\_