

Autumn Chase Hunt Homeowners Association

Application for Architectural Modification
C/O FirstService Residential DC Metro, LLC
3975 Fair Ridge Drive, Suite 210-S, Fairfax, VA 22033

Please return by email to: ARC.DCMETRO@FSRESIDENTIAL.COM

Date: _____

Homeowner Name: _____

Property Address: _____

Mailing Address (if different): _____

Phone: (H): _____ (W): _____ (Fax): _____

Describe Proposed Change or Addition:

Attach architectural plans/drawings or photos of the proposed project. Drawing MUST show elevations, dimensions, height off the ground, relationship to existing structures, railings, footings and color samples. For decks and fences, provide type and dimensions of lumber to be used. For patios, provide type and colors of materials to be used. For storm doors, provide illustration (brochure cut) showing style of door.

Attach a copy of the property plat showing size, shape and location of improvements relative to the dwelling and adjoining properties.

I understand and agree to the following:

That this modification may require a County building permit or may be subject to other governmental regulations. I agree to obtain all such required approvals prior to commencing any work. I assume full responsibility landscaping, grading or drainage issues relating to the proposed work, including applicable replacing bonds or escrows, posted by Developer/Builder, currently in place and affecting the lot. I also assume full responsibility for any damage to adjoining property or injury to third persons associated with the proposed work.

That Miss Utility will be contacted prior to any digging.

That all work will be completed within the property lines of homeowners lot.

That no work will commence on this proposal until I receive a written approval.

That approval is contingent upon all work being completed in a timely and professional and workman-like manner, as per the specification submitted with this application.

The members of the Association may enter upon my property to make routine inspections.

That the approval authority, if granted will automatically expire if work does not commence within 180 days and be fully completed within one calendar year from the date of approval.

Any variation from the original specifications must be approved by the Association, in writing.

Owner/Applicant's Signature: _____ **Date:** _____

Obtain the signatures of all adjacent or otherwise affected property owners. Their signatures only indicate their awareness of your proposed plans, not their approval. Signatories having concerns about the proposed work must contact the Association in writing and describe their specific concerns.

Name: _____ Date: _____
Address: _____ Lot# _____

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Address: _____ Lot# _____

Name: _____ Date: _____
Address: _____ Lot# _____

Name: _____ Date: _____
Address: _____ Lot# _____

For office use only

Application Approved _____

Application NOT Approved _____

Application Approved As Noted _____ HOLD – More Information Needed _____

Authorized Signature

Date