	Approval Disapproval
Architectural Review Boa	rd FORM A – FULL REVIEW APPLICATION
Please mail or email to:	Wolftrap Meadows Homeowners Association, Inc. P.O. Box 1620 Vienna, Virginia 22182 Attn: Wolftrap Meadows Architectural Review Board Email address: wolftrapmeadowshoa@gmail.com
Owner's Name	Phone
Address	Lot Number
	Email:
Type of Change	
	ange in paint color, attach a sample and/or model number of the paint or stain color. I stural change, landscape screen, fencing, etc., attach a sketch or architectural plan nd lot.
This acknowledgment indic approval or disapproval.  Name Address Signature	Address
Date	Date
Name	Name
AddressSignature	AddressSignature
Date	
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buildings in accordance with the Building or Zoning Cod shall not be construed as a way. The Building Ordinance of It is understood and agreed Architectural Review Board This application will be revi	ral Review Board shall not be construed to represent that alterations to land or h this application does not violate any of the protective covenants nor any provision of es of Fairfax County, to which the above property is subject. Further, such approval vaiver or modification of any such restrictions.  Fairfax County may require that the applicant file plans and obtain a permit. that no work on this request shall commence until written approval of the has been given.  iewed within 30 days of submission to the Architectural Review Board. hall be returned to you after review by the Architectural Review Board.
	s) and warrant(s) that the proposed changes requested herein shall be made in strict
conformance with the Archi	

Owner's Signature