

Great Falls Crossing Community Association Architectural Guidelines  
(Updated November 1, 2021)

GREAT FALLS CROSSING COMMUNITY ASSOCIATION  
ARCHITECTURAL MODIFICATION FORM

Please return the *completed* form *and all required documents* to:

Great Falls Crossing Community/ARB  
c/o CMC

4800 Westfields Blvd, Suite 300  
Chantilly, VA 20151  
703.631.7200

Send emails to [TCoudriet@cmc-management.com](mailto:TCoudriet@cmc-management.com)  
and [ARB@GreatFallsCrossing.org](mailto:ARB@GreatFallsCrossing.org)

One (1) copy reflecting the action taken by the Architectural Review Board (ARB) will be returned to you for your records. Any fences, decks, landscaping, or other additions that will be close to the property line will require the homeowner to have a surveyor clearly mark property line and provide a survey diagram showing the location of the proposed changes or additions.

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:(HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED): \_\_\_\_\_

CHECK ONE: Estates 1 \_\_\_ Estates 2 \_\_\_ Meadows \_\_\_ Community Center/Pool side \_\_\_

DESCRIPTION OF MODIFICATION REQUESTED: In accordance with the Declaration of Covenants, Conditions and Restrictions (the "Declaration") referred to in the Deed covering the property described above, I/we hereby apply for consent to make the following modification or addition to our property. Please include a description of the addition or modification being requested:

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**ATTACHMENTS:** Please attach the following items (as applicable) to this form:

1. Diagram/sketch/line drawing of proposed modification and/or addition to the property;
2. Copy of survey or plat of the property with location of proposed modification and/or addition depicted; and
3. Samples, color pictures, descriptions, and/or color palettes of materials to be used and/or pictures of similar projects done by the architect/builder/construction company.

ACKNOWLEDGMENT BY ALL ADJACENT PROPERTY OWNERS IS REQUIRED. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS IS PROVIDED.

Their printed names and signatures (contained below) indicate an awareness of your intent to modify or alter the exterior of your property and do not constitute approval or disapproval. Any neighbor who has a valid concern or objection regarding this application may submit it in writing to CMC and ARB (see address info on page 1).

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE:(HM) \_\_\_\_\_(CELL) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE:(HM) \_\_\_\_\_(CELL) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE:(HM) \_\_\_\_\_(CELL) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

**OWNER'S ACKNOWLEDGEMENT:** I/We understand that

1. Materials herein contained shall represent alterations which comply with the zoning and building codes of Fairfax County and the Commonwealth of Virginia. Further, nothing herein contained shall be construed as a waiver of modification of such ordinances. The Owner is responsible for obtaining the necessary building permits prior to commencement of construction.

2. No work shall commence until written approval from the Architectural Review Board has been received by the Owner. Any construction or exterior alteration before approval of this application is not allowed and if alterations are made, I/we may be required to return the property to its former condition at my /our expense; and that I/we may be required to pay all resulting legal expenses incurred.

3. Construction-related work must be completed in a workmanlike manner within six (6) months of approval.

4. All landscaping issues will be completed within the time frame of the growing season in this area, generally considered mid-March through the end of November. Front yard tree replacement is based on the home's street and will be specified by ARB at time of approval.

5. Members of the ARB and/or a representative from CMC may make a routine inspection at any time during, or after, any of the work listed above.

4. This request is subject to restrictions by the Declaration and a review process as established by the Board of Directors. Any variations from the original application must be resubmitted for approval. A copy of this request will be returned to me/us following review by the Architectural Review Board.

5. I/We acknowledge and agree that I/we will be solely liable for any claims, including without limitations, claims for property damage or personal injury, which result from the requested addition or modification. I/we hereby indemnify the Great Falls Crossing Community Association Board of Directors, the Architectural Review Board, CMC, employees, agents, or members of these entities from and against any and all such claims. Moreover, I/we accept responsibility for all maintenance, repair, and upkeep of said addition or modification.

**HOMEOWNER(S) SIGNATURE/DATE:** \_\_\_\_\_

**ACTION TAKEN BY THE ARCHITECTURAL REVIEW BOARD:**

Date ARB notified, via email: \_\_\_\_\_ by phone: \_\_\_\_\_

☐ Approved as Requested/Date: \_\_\_\_\_

☐ Approved subject to the following conditions/modifications:

\_\_\_\_\_

☐ Disapproved for the following reason(s):

\_\_\_\_\_

Letter sent to Homeowner(s) on \_\_\_\_\_

E-Mail Notification to Homeowner(s) on: \_\_\_\_\_

ARB Signature/date: \_\_\_\_\_