



**Milhaven Homeowners Association
Architectural Review Form**

The Architectural Review Committee has 30 days to review your request. Please wait for a written approval before starting your project.

The Homeowner is responsible for any building permits or approvals needed from Henrico County or other governmental agency.

Name of Homeowner: _____

Address: _____

Phone Number(s): _____

Email: _____

Date Submitted: _____

Type of Project (Please check all that apply):

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Siding | <input type="checkbox"/> Exterior Painting |
| <input type="checkbox"/> Deck or Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Outbuilding | <input type="checkbox"/> Landscape Modification |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Driveway | <input type="checkbox"/> Lamppost /Mailbox | <input type="checkbox"/> Removal of Trees |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Other | | |

Describe the project or improvement. Attach drawings, plans, and other information that will allow the Committee to understand and review your request.

What is your estimated start date? _____ What is your estimated completion date? _____

Who will be performing the work? _____

By signing below, I understand that I am required to obtain Board approval before making any improvements or alterations to the exterior of my home or to my lot. I acknowledge my obligation to allow sufficient time for processing my request.

Signature _____ Date _____

Architectural Review Response Form

(this section is to be completed by the Architectural Review Committee)

_____ Request Approved

_____ Approved with restrictions or modifications

_____ Deferred, additional Information requested

_____ Denied

Comments:

Signature of MHOA Board Member and Date