Please take the time to read the covenants for Architectural Control within THE BPOA bylaws. Requests must have the appropriate supporting documentation as described in the Architectural Control section of the BPOA bylaws. Incomplete requests will be returned to the homeowner, delaying the review process. Plan well in advance. Requests are reviewed throughout the month.

You may mail your request and supporting documentation to:

**BPOA Property Owners Association
Post Office Box 1171
Spotsylvania, Virginia 22553**

**Applicant Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Lot Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Planned Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Improvement:** Attach plans, or description of work to be completed. (Describe fully, include paint color, building materials list, landscape plan, fence layout, site plan, elevation drawings and other plans or brochures for patios, decks, structures or sheds.)

I understand that I must receive approval of the Architectural Review Board in order to proceed. I understand that BPOA ARB approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval. I have read the accompanying instructions and will comply.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE,**

**☐** The request is approved as submitted.

**☐** The request is approved subject to the requirements stated in the attached letter.

**☐** The request is disapproved as stated in the attached letter.

**Note: *An attached letter may provide additional detail of the ARC action that is a part of this response.***

**ARB Chairman Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**