

**HAMPTON FOREST HOMEOWNERS ASSOCIATION (HFHOA)  
ARCHITECTURAL REVIEW BOARD (ARB)  
APPLICATION FOR ARCHITECTURAL CHANGE**

Owner(s) Name (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

H W C                      H W C

**Description of Proposed Change (Work):** (Please print) Describe all proposed improvements, alterations or changes to your lot or home. Please provide required details by attaching sketches, drawings, clippings, pictures, and/or catalog illustrations along with a copy of your house location survey (record plat) with the location of the modification marked to fully describe the proposed change. Use additional pages if necessary. NOTE: Incomplete applications may be rejected, so please follow instructions below.

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Estimated starting date of Work: \_\_\_\_\_ (pending approval by the ARB)

Proposed duration of Work: \_\_\_\_\_

In applying for the Work, Applicant agrees to the following:

- Work is not authorized until the Application is received and Work is approved by ARB.
- If Work is done prior to approval in whole or in part by ARB, then HFHOA reserves the right to require Applicant to return the property to its former condition at the sole expense of Applicant, including any legal expenses that may accrue to HFHOA as a result of exercising such right.
- Approval by ARB shall not be construed as to pass judgment on the correctness of the location, structural design, suitability of water flow or drainage, location of utilities, compliance with applicable ordinances and building codes, or other qualities of the proposed change being reviewed.
- Approval by ARB shall only be for Work pursuant to this Application and does not waive the requirement for other work of the same or similar scope to be approved by application to ARB.
- Work shall meet any and all State and County building codes, including obtaining necessary permits, and any other requirements by applicable authorities (e.g. utility easements).
- There shall be no deviations from Work without prior written consent of ARB; any variation from the original Application must be submitted for approval in a new application.
- Applicant is responsible for any damages and all costs to repair HFHOA property that result from Work.
- Permission is hereby granted to members of the HFHOA Board of Directors and ARB to enter subject property to make reasonable inspections of requested improvements thereon.
- Work must be completed within 6 months of ARB approval or approval shall be deemed to have lapsed and to have been withdrawn unless reauthorization is given by ARB for a time extension.
- Applicant has notified surrounding neighbors of this Application, and their signatures are indicated on this application.

Applicant Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO SURROUNDING NEIGHBOR(S)**

HFHOA encourages communication and goodwill among neighbors in an effort to avoid misunderstandings regarding architectural changes. In order to make Neighbor(s) aware of proposed Work, this Application is being presented for Neighbor review. By signing this Application, Neighbor acknowledges awareness of the application, and such signature does not necessarily constitute Neighbor approval of proposed Work. If Neighbor disapproves of proposed Work and wishes to make such position known to HFHOA and ARB, Neighbor may file a separate written statement with ARB within 15 days of the date on which Neighbor signs Application, and Neighbor may waive this right by initialing this Application where noted\*. While Neighbor approval is technically not required for ARB to authorize proposed Work, Neighbor input helps ARB and HFHOA assess the community's response to architectural changes. Involvement of surrounding homeowners is critical to the application process.

Neighbor Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\*I/We do not intend to file a separate written statement of disapproval of the proposed Work. Initial(s): \_\_\_\_\_

Neighbor Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\*I/We do not intend to file a separate written statement of disapproval of the proposed Work. Initial(s): \_\_\_\_\_

Neighbor Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\*I/We do not intend to file a separate written statement of disapproval of the proposed Work. Initial(s): \_\_\_\_\_

Neighbor Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\*I/We do not intend to file a separate written statement of disapproval of the proposed Work. Initial(s): \_\_\_\_\_

Applicant can mail, hand deliver, or email to the following:

Hampton Forest Homeowners Association  
Attn: Architectural Review Board  
c/o Sequoia Management Company  
13998 Parkeast Cir, Chantilly, VA 20151

[jdarwin@sequoiamgmt.com](mailto:jdarwin@sequoiamgmt.com)

\_\_\_ Approved \_\_\_ Approved as noted \_\_\_ Rejected

\_\_\_\_\_  
ARB Chairman Signature

\_\_\_\_\_  
Date

ARB Comments: \_\_\_\_\_

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