

SPRING LAKES HOA ARCHITECTURAL IMPROVEMENT REQUEST FORM

Application #: _____

Date Sent to ARC: _____

Send to: Spring Lakes HOA
Architectural Review Board
c/o FirstService Residential
11351 Random Hills Road, Suite 500
Fairfax, Virginia 22030
Email: arc.dcmetro@fsresidential.com

Name of Owner: _____

Address: _____ Lot: _____

Telephone (H): _____ (W): _____

Proposed Improvement:

The following must be submitted with application:

1. Site plan/plat showing size, shape and location of improvement to residence and to adjoining properties (including specific dimension of improvement and distances to adjoining properties).
2. Manufacturer's brochure, if available.
3. Color samples, if applicable.
4. Architectural plans/drawings (for major additions/improvements).
5. Grading plan, if applicable.

Applicant hereby warrants that Applicant shall assume full responsibility for:

- a. All landscaping, grading and/or drainage issues relating to the improvements (including replacing bonds or escrows posted by Developer currently in place by affecting the lot);
- b. Obtaining all required City, Town and/or County approvals relating to said improvements;
- c. Complying with all applicable City, Town and/or County ordinances;

- d. Any drainage to adjoining property (including common area) or injury to third persons associated with the improvement:
- e. Applicant hereby states that they have read the ARB guidelines and agree that all work performed will be in compliance with those guidelines.

Signature of Owner: _____ Date: _____

Obtain signatures of property owners who will be most affected by the change: (Minimum of Two)

I acknowledge that I have been advised of this architectural modification:

Name: _____ Address/Lot No. _____

Name: _____ Address/Lot No. _____

Name: _____ Address/Lot No. _____

Name: _____ Address/Lot No. _____

ARCHITECTURAL REVIEW COMMITTEE RESPONSE

_____ Date Application Received: _____

_____ Request approved as submitted.

_____ Request approved subject to: _____

_____ Response suspended pending submission of: _____

_____ Denied as submitted for the following reason(s): _____

Signature of BOD or ARC Member: _____ Date: _____

Signature of BOD or ARC Member: _____ Date: _____

Signature of BOD or ARC Member: _____ Date: _____

Verbal Notification Date: _____