

**WOODLAKE CROSSING HOMES ASSOCIATION
PO BOX 8099
TABB VA 23693**

APPLICATION FOR EXTERIOR ALTERATION

Section: _____ Lot Number: _____

Name: _____

Address: _____ Phone: _____

Description of Alteration(s): _____

IN ORDER FOR THE ARCHITECTURAL REVIEW BOARD AND THE NEIGHBORHOOD ADVISORY BOARD TO PROPERLY REVIEW YOUR APPLICATION, THE FOLLOWING IS REQUIRED:

WRITTEN PLANS and SPECIFICATIONS

PLAT (*SITE PLAN*) with drawing of exact location, configuration, and size of alteration(s)

(Including driveways, landscaped areas, setback lines, buffer areas and other features under the Zoning Ordinance)

ARCHITECTURAL PLANS/ILLUSTRATIONS OF IMPROVEMENTS

(Exterior elevations, construction materials and exterior colors)

PHOTOGRAPH(S) and/or DRAWING(S)

ANY ADDITIONAL INFORMATION (Please specify): _____

HOMEOWNERS: By signing below you are indicating that you understand **you must wait for receipt of your written approval of this application before beginning the foregoing alteration(s)**, and that approval of such alteration(s) by the Architectural Review Board does not release you from your obligations to ensure that such alteration(s) is (are) in compliance with the applicable Building and Zoning ordinances for the County.

All applications must be submitted to the WCHA, PO Box 8099, Tabb VA 23693. Applications are reviewed monthly, so please plan to allow adequate time to receive a response.

I/We understand that any damages that may occur during the course of this alteration are my/our responsibility, whether the damage is done to common property or private property (to include underground wiring, landscaping, roadways, etc.)

Homeowners Signature: _____ **Date:** _____

Homeowners Signature: _____ **Date:** _____

NEIGHBORS: Your signatures must be obtained for all "improvements" (these include, but are not limited to, room additions, decks, fences, storage sheds and major landscape changes). BY SIGNING BELOW, YOU ARE INDICATING YOUR AWARENESS OF THE ALTERATION, NOT YOUR APPROVAL. If, as a neighbor, you have concerns regarding this application we encourage contact a member of the Association Board as soon as possible.

Neighbor: _____ Neighbor: _____

Address: _____ Address: _____

Neighbor: _____ Neighbor: _____

Address: _____ Address: _____

ARCHITECTURAL REVIEW BOARD

Date of the ARB Review: _____

- APPROVED**
- APPROVED WITH COMMENTS/CONDITIONS**
- DISAPPROVED**
- DECISION WITHHELD**
- OTHER:** _____
- COMMENTS:** _____

Reviewed by: _____

