

Architectural Review Board – Application for Modification

AMBERWOODS of Great Falls HOA

c/o Capitol Property Management 3914 Centreville Road, #300 Chantilly VA 20151

Address:		
City:	State:	Zip:
Phone: (H):	(W):	(C):
Email:		
	EXPECTED COMPLETION DATE:	
PROJECT TYPE (i.e. De	ck, Fence, etc.):	
Detailed Description of Pr	oposed Improvements:	

APPLICATION REQUIREMENTS

You must submit each of these items in order for it to be complete and accepted.

 \Box Detailed written description of improvement including placement, construction/installation details, etc. (If not provided application will be returned pending additional information). Be as detailed as possible so that the ARB will be able to clearly understand your intent.

Plat/survey of your property/lot. Indicate the location of the proposed change(s) on the plat. Sketch, photo or manufacturer's brochure showing the design/style of the improvement. Description of materials.
Color/finish of the material – include color samples.

- Architectural plans/drawings (for major additions/improvements) construction details. Elevation and overhead view drawings are required for improvements such as decks, screened porches, etc.
- Grading plan, if applicable.
- □ Copy of permit from Fairfax County



PAGE 2 – ARB Application for (APPLICANT NAME):_____

NEIGHBOR'S ACKNOWLEDGEMENT:

You are required to obtain the signature of the two (2) property owners who will be most affected by the proposed change. Signature by your neighbors indicates an awareness of your proposed change and does not constitute approval or disapproval on their part.

Name:	Name:	
Address:	Address:	
Date:	Date:	
Signature:	Signature:	

Applicant hereby warrants, by checking below, that Applicant shall assume full responsibility for:

- All landscaping, grading and/or drainage issues relating to the improvements.
- Obtaining all required County approvals required for the improvements.
- □ Complying with all applicable County ordinances.
- Any damage to adjoining property (including common area) or injury to third persons associated with improvement.
- Applicant hereby states that they have read the architectural guidelines and agree that all work performed will be in compliance with those guidelines and the application details.

Signature of Owner	Date
Signature of Owner	Date
A	CCEPTANCE:
Date Application Received:	
□ APPROVED SUBJECT TO:	
DISAPPROVED DUE TO:	
Circulation Management Commence (ADD Down	D_4
Signature: Management Company/ARB Repr	esentative Date

Phone: 703.707-6404

Fax: 703-707-6401