

## **Architectural Review Board – Application for Modification**

## **AMBERWOODS of Great Falls HOA**

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

Name	:			
Addre	ess:			
City:		State:	Zip:	
Phone	e: (H):(V	W):	(C):	
Email	:		<u></u>	
STAF	RT DATE: EXPECTED COMPLETION DATE:			
PRO.	JECT TYPE (i.e. Deck, Fence, et	tc.):		
Detai	led Description of Proposed Imp	provements:		
APPI	LICATION REQUIREMENTS			
You r	must submit each of these items in	order for it to be complete and a	accepted.	
-	Detailed written description of invovided application will be returned will be able to clearly understand	d pending additional information	nt, construction/installation details, etc. (If n). Be as detailed as possible so that the	
□ Color	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. r/finish of the material – include color samples.			
		ctural plans/drawings (for major additions/improvements) – construction details. Elevation and d view drawings are required for improvements such as decks, screened porches, etc.		
	Grading plan, if applicable.	ing plan, if applicable.		
	Copy of permit from Fairfax County			

Phone: 703.707.6404 Fax: 703.707.6401 e-Mail: cnykolyszyn@capitolcorp.com



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.

Nam	e:	Name:		
Addı	ress:	Address:		
Date	:	Date:		
	ature:	Signature:		
App	licant hereby warrants, by checking below, tha	at 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.			
Signa	ature of Owner	Date		
Signa	ature of Owner	Date		
===		PTANCE:		
Date	Application Received:			
	APPROVED SUBJECT TO:			
	DISAPPROVED DUE TO:			
Sign	ature: Management Company/ARB Represent	tative Date		

Phone: 703.707.6404 Fax: 703.707.6401 e-Mail: cnykolyszyn@capitolcorp.com