

## **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	e:			
Addr	ess:	_		
City:		State:	Zip:	
Phon	e: (H):	(W):	(C):	
Emai	l:			
STAI	RT DATE:	EXPECTI	ED COMPLETION DATE:	
PRO	JECT TYPE (i.e. Deck, Fer	nce, etc.):		
Detai	iled Description of Propose	d Improvements:		
		A VIDIG		
	LICATION REQUIREME			
You	must submit each of these ite	ms in order for it to be comp	lete and accepted.	
-	-	eturned pending additional in	placement, construction/installation details, etc. (If formation). Be as detailed as possible so that the	
	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.			
Colo	r/finish of the material – incl	ude color samples.		
	-	plans/drawings (for major additions/improvements) – construction details. Elevation and w drawings are required for improvements such as decks, screened porches, etc.		
	Grading plan, if applicable.			
	Copy of permit from Fairfax County			

Phone: 703.707.6404



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:		
Address:		Date:		
				App
	All landscaping, grading and/or drainage iss	ues 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		
Signature of Owner		Date		
===		EEPTANCE:		
Date	Application Received:			
	APPROVED SUBJECT TO:			
	DISAPPROVED DUE TO:			
Sign	ature: Management Company/ARB Represe	entative Date		

Phone: 703.707.6404