

ARCHITECTURAL IMPROVEMENT REQUEST—AFTON GLEN

Applicant/Owner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Afton Glen project address
(if different from above) _____

SUBMIT THIS FORM TO ►

Afton Glen Architectural Review Board
c/o CSH Community Management
6700 Norview Court
Springfield, VA 22152
703 913-1480
(email: *chuemmer@yahoo.com*)

If you have questions, please contact the ARB through the management company (above) before submitting this application.

GENERAL DESCRIPTION OF PROPOSED IMPROVEMENTS:

You must submit the following with this application:

1. A sufficiently detailed description of the improvements, using the space above and/or additional sheets if needed. If your description is not specific enough, the ARB will return your application without approval for additional information.
2. A site plan showing the size, shape, and location of improvements with respect to your home and adjoining properties (including specific dimensions of the improvements and distances to adjoining properties).
3. A grading and/or drainage plan, if applicable. Consider how your project plan will prevent drainage and runoff from your lot to neighboring properties.
4. If you intend to remove any live tree with a trunk more than 4 inches wide, or any flowering tree or broadleaf evergreen with a trunk larger than 3 inches wide measured at a point 12 inches above the ground, your project description must identify those trees. (You do not need permission to remove dead, diseased, or badly damaged trees or shrubs.)
5. Manufacturer brochures and color samples for improvements, if available.
6. For major additions or improvements, submit architectural plans or drawings.

NOTIFICATION OF NEIGHBORS:

Provide the signatures and street addresses of owners of at least two neighboring homes. Neighbors who sign are acknowledging they have been notified about your project, NOT that they approve of it. Even after signing, they may contact the ARB directly to contest your project or request modifications to it.

Signature: _____ Signature: _____

Address: _____ Address: _____

Signature: _____ Signature: _____

Address: _____ Address: _____

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By submitting this application you warrant that you assume full responsibility for all of the following:

- (i) All landscaping, grading, and/or drainage issues relating to the improvements
- (ii) Obtaining all required county approvals relating to these improvements
- (iii) Complying with all applicable county code requirements and ordinances
- (iv) Any damage to adjoining property (including common areas) or injury to third persons caused by the improvement.

You hereby state that you have read the ARB guidelines and agree that all work performed will comply with those guidelines.

Signature of applicant

Date

ARB ACTION

Date application received: _____

Request is approved as submitted.

Request is approved subject to the following conditions or modifications: _____

Response is suspended pending submission of the following: _____

Request is denied for the following reasons: _____

Signature—ARB Member

Date