

COLLINGTON ARCHITECTURAL MODIFICATION REQUEST FORM

Remit to: Collington Community Association, Inc. C/O Community Group, Inc., 4222 Cox Road, Suite #110, Glen Allen, VA 23060 or Fax: 804-346-8640

This document will become part of the Homeowners contract and must be complied with by any succeeding owners.

I, _____, do hereby request permission to make the following modification to my home at _____

In the Collington Community Association

Home Phone _____

Work Phone _____

Cell Number _____

Email: _____

DESCRIPTION OF REQUEST: _____

Attach the following as applicable:

- **Plot Plan with proposed modification(s) to approximate scale with dimensions.**
- **Complete description (photos/drawings) as to construction design, materials (types & sizes), and color/finish.**
- **Floor Plan, Elevation, Section Drawing (i.e. footings).**

I do, by my signature, understand and agree to the following:

1. That applicable county permits will be obtained.
2. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
3. That the modification(s) will not in any way hinder yard care.
4. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
5. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: 1) the modification is not constructed or installed as per specifications submitted for approval with this form; or 2) the modification is not maintained in a safe condition; or 3) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
6. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).

Date

Homeowner Signature(s)

Date Received by Association ARC

Signature

- APPROVED** by Board of Directors **OR** **Architectural Review Chairperson** **OR** **Authorized Agent**
- APPROVED with Following Contingencies** by Board of Directors/RC Chairperson/Authorized Agent:

Signature

Date Signed

- DISAPPROVED for the following reason(s)** by Board of Directors:

Board Signature

Date Signed

ARC Mod.form 1/05