## ARCHITECTURAL CHANGE REQUEST FORM INSTRUCTIONS

Please follow the instructions carefully to prevent delays in processing and approval.

- 1) ALL applications must be sent in via U.S.P.S. to the address provided.
- 2) Provide ALL of the required information requested on the following pages.
- 3) Be as specific as possible.
- 4) If your project consists of multiple improvement projects, please submit each project on a separate form.
- 5) You will be notified in writing of the decision of the Board of Directors within **forty-five (45) days** of receipt of your completed documents. By approving this request, the Board of Directors and Coventry Group are not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise throughout any stage of this change or thereafter.
  - \*\* To avoid incurring fines, DO NOT begin construction or modification until you have received this approval from the Board\*\*

## SUBMISSION CHECKLIST:

Application	
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Supporting documentation (pictures, plat, etc.)

Please send packet to: Asbury Terrace HOA

c/o Coventry Group Community Management, Inc.

P.O. Box 2580

Winchester, VA 22604

## ASBURY TERRACE SECTION II HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL CHANGE REQUEST FORM

Owner	ner Property Address					
Owner'	's Mailing Address (if	different)				
City, St	tate, Zip (if other than	Winchester)				
Home l	Phone	Daytime Phone	Ema	il		
PROPO Please	OSED EXTERIOR CH attach a detailed descr	HANGE OR ALTERATION:ription of all improvements, alterations	or changes you are proposin	g to your lot or home.		
In orde	Color(s) Specifications Materials Sketch of proposed Copy of plat with lo	alterations as it will appear when compocation of proposed alterationinformation:	e(s)			
decision of Dire through	n of the Board of Directors is not assuming nout any stage of this	ectors within forty-five (45) days of reany responsibility for the safety, construction or thereafter.	eceipt of your completed do ruction, operation, maintenan	est. You will be notified in writing of the cuments. By approving this request, the Boardice, accident, injury or claim that may arise e received this approval from the Board**		
Estimat	ted Beginning Date _		Estimated Date of Com	pletion		
Variand and coraccept i	ces, and/or observing aditions as specified in responsibility for any	all local zoning ordinances. If approve	ed by the Board of Directors, that all improvements must ciation's property by either n			
SUBM	IT COMPLETED DO	P.O. Box 258	Group Community Manager	nent, Inc.		
	D OF DIRECTORS U	JSE ONLY:	Date Received:			
	Approved without	exception following terms and conditions:				
	Denied for the follo	Denied for the following reason(s):				
Ву:	Signatures	Print	ted Names	Date		