ARCHITECTURAL CHANGE REQUEST FORM INSTRUCTIONS

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

- 1) Provide ALL of the required information requested on the following pages.
- 2) Be as specific as possible.
- 3) If your project consists of multiple improvement projects, please submit each project on a separate form.
- 4) 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
- _ Supporting documentation (pictures, plat, etc.)

Please send packet to:	Cedar Spring Estates Townhouse POA c/o Coventry Group Community Mgmt., Inc.
	P.O. Box 2580
	Winchester, VA 22604

Or EMAIL to: admin@coventrygrp.com

CEDAR SPRING ESTATES TOWNHOUSE POA, INC. ARCHITECTURAL CHANGE REQUEST FORM

Name			
Property	Address		
Owner's	Mailing Address (if different)		
City, Stat	e, Zip (if other than Winchester)		
Phone	Email		
Summary	of Proposed Change		
all impro- to make a informati proposed of Directo Board of injury or	vements, alterations or changes you are proposi a decision, please include color(s), size(s), speci on. Please be as specific as possible. On the ba alteration, as it will appear when completed. Y ors within forty-five (45) days of receipt of you Directors is not assuming any responsibility for claim that may arise throughout any stage of the	ng to your lo fications, ma ack of this fo You will be no r completed o r the safety, c is change or t	terials, location and any other pertinent rm or on a separate sheet of paper, sketch the otified in writing of the decision of the Board documents. By approving this request, the construction, operation, maintenance, accident, thereafter.
Estimated	Beginning Date	Estim	ated Date of Completion
necessary Directors understan	and that approval of proposed change(s) does not be Building Permits, Variances, and/or observing , I agree to make the changes under the terms and that all improvements must be on my propert sturbance or damage to Association's property	all local zon nd conditions y or property	ing ordinances. If approved by the Board of s as specified in the approval document. I lines. I agree to accept responsibility for any
Signature	of Homeowner		Date
SUBMIT		ry Group Cor 580	ATES TOWNHOUSE POA nmunity Management, Inc.
BOARD	OF DIRECTORS USE ONLY:		
Your request for the above addition or alteration has been: Approved without exception Approved with the following terms and conditions:			Date Received:
	Denied for the following reason(s):		
By: Signature	es Pri	inted Names	Date