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
- _ Supporting documentation (pictures, plat, etc.)

Please send packet to:	Cottage Glen HOA
	c/o Coventry Group Community Management, Inc.
	P.O. Box 2580
	Winchester, VA 22604

COTTAGE GLEN ARCHITECTURAL CHANGE REQUEST FORM

Owner		Property Address				
Owner	's Mailing Address (if differe	nt)				
City, S	tate, Zip (if other than Winch	ester)				
Home	Phone	Daytime Phone	Er	nail		
PROPO Please	OSED EXTERIOR CHANGE attach a detailed description of	E OR ALTERATION:	or changes you are propo	sing to your lot or home.		
In orde	Color(s) Specifications Materials Sketch of proposed alterati Copy of plat with location	o make a decision, please provide Size(ons as it will appear when comple of proposed alteration ation:	s) eted			
decisio of Dire through	n of the Board of Directors we ectors is not assuming any res- hout any stage of this change	complete information will delay to tithin forty-five (45) days of rec ponsibility for the safety, constru or thereafter. O NOT begin construction or m	eipt of your completed action, operation, mainter	documents. By approving this nance, accident, injury or claim	s request, the Board a that may arise	
Estima	ted Beginning Date		Estimated Date of C	ompletion		
Variand and con accept Signatu	ces, and/or observing all loca nditions as specified in the ap responsibility for any and all are of Homeowner	ed change(s) does not relieve me l zoning ordinances. If approved proval document. I understand th disturbance or damage to Associ	by the Board of Directo hat all improvements mu ation's property by eithe Date	rs, I agree to make the changes ist be on my property or proper r my contractor(s) or myself.	s under the terms ty lines. I agree to	
		c/o Coventry G P.O. Box 2580 Winchester, VA		gement, Inc.		
BOARD OF DIRECTORS USE ONLY: Your request for the above addition or alteration has been:			Date Received:			
	Approved without exception Approved with the following	on ng terms and conditions:				
	Denied for the following r	eason(s):				
By:	Signatures	Printe	d Names	Date		
					_	