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) This form can be used for multiple improvements.
- 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 documenta	tion (pictures, plat, etc.)
Please send packet to:	Coventry Group Community Management, Inc. P.O. Box 2580 Winchester, VA 22604

Or Email to: admin@coventrygrp.com – please put "ARC Request" with your address in the subject line

PIONEER HEIGHTS SECTION TWO PROPERTY OWNERS ASSOCIATION ARCHITECTURAL CHANGE REQUEST FORM

Owner		Proper	ty Address		
Owner's Mai	ling Address (if diffe	rent)			
City, State, Zi	ip (if other than Win	chester)			
Home Phone		Daytime Phone		Email	
PROPOSED E Please attach home.	XTERIOR CHANGE On a detailed descript	R ALTERATION:ion of all improvements,	alterations or chang	es you are proposing to your lot or	
In order for t		rs to make a decision, ple		owing information:	
•					
•					
•		d alterations as it will ap			
•		ocation of proposed alte	•	<u> </u>	
•		nt information:			
documents. construction, thereafter.	By approving this re, operation, mainter	equest, the Board of Dire nance, accident, injury or NOT begin construction	ctors is not assuming claim that may arise	lays of receipt of your completed any responsibility for the safety, throughout any stage of this chang all you have received this approval to	
Estimated Be	eginning Date		Estimated Date o	f Completion	
necessary Bu Directors, I a understand t	ilding Permits, Varia gree to make the ch hat all improvemen	nces, and/or observing a anges under the terms a	all local zoning ordinated ordinated ordinated or specifically or property lines.	responsibility for obtaining any and ances. If approved by the Board of cified in the approval document. I agree to accept responsibility for cor(s) or myself.	
Signature of	Homeowner		Dat	re	
SUBMIT COM	1PLETED DOCUMEN	TATION TO: PIONI	EER HEIGHTS SECTIO	N 2 POA	

P.O. Box 2580 Winchester, VA 22604

c/o Coventry Group Community Management, Inc.

BOARD	OF DIRECTORS USE ONLY:	Date Received:		
Your re	equest for the above addition or alteration has be	een:		
	_ Approved without exception			
	_ Approved with the following terms and condition	ons:		
				_
	_ Denied for the following reason(s):			
Ву:	Signatures	Printed Names	Date	