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. **Email submissions will no longer be accepted.**
- 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: Shawnee Village HOA

c/o Coventry Group Community Management, Inc.

P.O. Box 2580 Winchester, VA 22604

SHAWNEE VILLAGE HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL CHANGE REQUEST FORM

Owner		Property Address			
Owner'	's Mailing Address (if	different)			
City, St	tate, Zip (if other than	Winchester)			
Home l	Phone	Daytime Phone	Email _		
		ANGE OR ALTERATION:ption of all improvements, alterations		your lot or home.	
In orde	Color(s) Specifications Materials Sketch of proposed a Copy of plat with loc	ctors to make a decision, please proves Size Size Iterations as it will appear when compation of proposed alteration	pleted		
decision of Dire through	n of the Board of Directors is not assuming a nout any stage of this cl	etors within forty-five (45) days of r ny responsibility for the safety, const hange or thereafter.	receipt of your completed document truction, operation, maintenance,	You will be notified in writing of the ments. By approving this request, the Board accident, injury or claim that may arise ceived this approval from the Board**	
Estimated Beginning Date			Estimated Date of Completion		
Variand and cor	ces, and/or observing anditions as specified in	ll local zoning ordinances. If approv	ed by the Board of Directors, I and that all improvements must be	ning any and all necessary Building Permits gree to make the changes under the terms on my property or property lines. I agree to contractor(s) or myself.	
Signatu	re of Homeowner		Date		
SUBM	IT COMPLETED DO	CUMENTATION TO: SHAWNEE C/O Coventry P.O. Box 25 Winchester,	Group Community Managemen	t, Inc.	
BOARD OF DIRECTORS USE ONLY: Your request for the above addition or alteration has been: Approved without exception		dition or alteration has been:	Date Received:		
	_ Approved with the f	Approved with the following terms and conditions:			
	Denied for the follow	wing reason(s):			
By:	Signatures	Prir	nted Names	Date	