



**THE VILLAGE AT SHERANDO HOMEOWNERS ASSOCIATION, INC.  
ARCHITECTURAL CHANGE REQUEST FORM**

Owner \_\_\_\_\_ Property Address \_\_\_\_\_

Owner's Mailing Address (if different) \_\_\_\_\_

City, State, Zip (if other than Winchester) \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

PROPOSED EXTERIOR CHANGE OR ALTERATION: \_\_\_\_\_

Please attach a detailed description of all improvements, alterations or changes you are proposing to your lot or home.

In order for the Board of Directors to make a decision, please provide the following information:

- Color(s) \_\_\_\_\_ Size(s) \_\_\_\_\_
- Specifications \_\_\_\_\_
- Materials \_\_\_\_\_
- Sketch of proposed alterations as it will appear when completed \_\_\_\_\_
- Copy of plat with location of proposed alteration \_\_\_\_\_
- Any other pertinent information: \_\_\_\_\_

Please be as specific as possible. Incomplete information will delay the processing of your request. 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 is 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\*\***

Estimated Beginning Date \_\_\_\_\_ Estimated Date of Completion \_\_\_\_\_

I understand that approval of proposed change(s) does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the Board of Directors, I agree to make the changes under the terms and conditions as specified in the approval document. I understand that all improvements must be on my property or property lines. I agree to accept responsibility for any and all disturbance or damage to Association's property by either my contractor(s) or myself.

Signature of Homeowner \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT COMPLETED DOCUMENTATION TO: THE VILLAGE AT SHERANDO HOA  
c/o Coventry Group Community Management, Inc.  
P.O. Box 2580  
Winchester, VA 22604

**BOARD OF DIRECTORS USE ONLY:**

Your request for the above addition or alteration has been:

Date Received:
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\_\_\_\_\_ Approved without exception

\_\_\_\_\_ Approved with the following terms and conditions: \_\_\_\_\_

\_\_\_\_\_ Denied for the following reason(s): \_\_\_\_\_

By:	Signatures	Printed Names	Date
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____