

ARCHITECTURAL REVIEW APPLICATION

RIDINGS AT BLUE SPRING HOMEOWNERS ASSOCIATION

Mail your applications and any supporting documentation to:

Ridings at Blue Spring Homeowners Association
C/o Armstrong Management Services, Inc.,
3949 Pender Drive, Suite 205
Fairfax, Virginia 22030

FROM: _____

Address: _____

Phone (Home, Work, Cell): _____

Email Address: _____

Directions: (Please print or type)

Please use area below to briefly describe all proposed improvements, alterations, or changes to your lot or home. Attach required details by sketches, drawings, clippings, pictures, catalog illustrations, and other data. Show location of item on your property on a copy of the survey.

Signatures:

You are requested to obtain the signatures of the two (2) property owners who will be most affected by the proposed change. Their signature indicates an awareness of your intent and **do not** constitute or indicate approval or disapproval by the committee.

Name: _____

Address: _____

Lot: _____

Signature: _____

Name: _____

Address: _____

Lot: _____

Signature: _____

Owner's Acknowledgments:

I understand...

1. ...that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions of the building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver of modification of any said construction.
2. ...that no work on this request shall commence until written approval of the Architectural Control Committee has been received by me.
3. ...that any construction or exterior alteration undertaken by me or on my behalf before approval of this application is not allowed; that, if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part; and, that I may be required to pay all legal expenses incurred.
4. ...that any approval is contingent upon construction or alteration being completed in a workmanlike manner.
5. ...that members of the Architectural Control Committee are permitted to make a routine inspection.
6. ...that a copy of this application will be returned to me after review of the Architectural Control Committee.
7. ...that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
8. ...that the alteration authority granted by this application will be revoked automatically if the alterations requested have not commenced within 180 days of the approved date of this application and/or completed by any date specified by the Committee.
9. ...that all proposed improvements must meet county codes. My signature indicates that these standards are met to the best of my knowledge. I understand that the application for all required building permit(s) are my responsibility.
10. ...that any variation from the original application must be resubmitted for approval.

Owner/Applicant Signature: _____ Date: _____

Co-owner/Applicant Signature: _____ Date: _____

REMINDER: ATTACHMENTS THAT MUST BE ENCLOSED WITH THE ACC APPLICATION IN ORDER TO SPEED UP THE PROCESS:

1. **Either a photo, catalog illustrations, drawing, or picture, etc.**
2. **Copy of survey (plat map) marked with change being requested.**
3. **A completed application including signatures and a full description of changes of what is being built, changed, painted, etc.**

FOR COMMITTEE USE ONLY:

Approved : _____

Disapproved: _____

Comments: _____

Reviewer: _____

Date Received: _____

Date: _____

Date: _____

Date: _____