

MARSHALL HEIGHTS HOMEOWNERS ASSOCIATION

Architectural Improvement Application & Review Form

Unit Owner: _____

Date: _____

Address of Unit: _____

Phone: _____

Nature of Improvement:

Color (if applicable): _____

Location (if applicable): _____

Dimensions (if applicable): _____

Construction Material (if applicable): _____

Supplier: _____ Approximate Cost: \$ _____

Attach a sketch or picture of all requested improvements and a plat of your property indicating the location and dimensions.

Send form to: Attention: Kasanda Chisambisha
 ProCAM, LLC.
 1422 Portner Road, Suite 5
 Alexandria, Virginia 22314
 Phone: (703) 536-5200
 Fax: (703) 536-8105

Acknowledgment of adjacent property owners: This acknowledgement indicates an awareness of the intent and does not constitute nor indicate approval or disapproval. In order for application to be considered complete, you must obtain at least two signatures of neighbors.

Signature: _____

Address: _____

Signature: _____

Address: _____

Signature: _____

Address: _____

1. Nothing contained herein shall be construed to represent that alterations to land or buildings in accordance with these plans, shall violate any of the restrictive covenants nor any of the provisions or building and zoning codes to which the above property is subject. Further, nothing contained herein shall be construed as a waiver or modification or any said restriction.
2. I am responsible for ensuring that all local permits and filing of plans with the building inspector at his office will be accomplished before construction begins.
3. I understand and agree that no work on this request shall commence until written approval of the Architectural Review Committee has been received.
4. I am aware that if the Board does not respond to this request within sixty (60) days that I can assume that approval has been granted.

Owner's Signature(s):

Date:

For Association Use Only

Date Received: _____

Date to ARC: _____

Inspected On: _____

Inspected By: _____

Approved On: _____

Disapproved on: _____

Approved/Disapproved By: _____

Reason(s) for Disapproval:

