

ROUNTREY ARCHITECTURAL MODIFICATION REQUEST FORM

Remit to: RounTrey Community Association, Inc. (ACS West, Inc. 1904 Byrd Avenue, Suite 100 P.O. Box 11361 Richmond VA 23230 FAX: 804-282-9590 or email: Bekki@acswest.org

This document will become part of the Homeowners contract and must be complied with by any succeeding owners. I, _____do hereby request permission to make the following modification to my home at _____ In the RounTrey Community Association.

Home Phone: _____ Work Phone: _____
Cell _____ Number _____
email: _____

Address _____

DESCRIPTION OF REQUEST:

Attach the following as applicable:

- Plot Plan with proposed modification(s) to approximate scale with dimensions.
- Complete description (photos/drawings) as to construction design, materials (types & sizes), and color/finish.
- Floor Plan, Elevation, Section drawing (i.e. footings).

I do by my signature, understand and agree to the following.

1. That applicable county permits will be obtained
2. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
3. That the modification(s) will not in any way hinder yard care.
4. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s). That the RounTrey Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: (1) the modification is not constructed or installed as per the specifications submitted for approval with this form; or (2) the modification is not maintained in a safe condition; or (3) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. I certify that I have read and agree to the follow the rules and regulations pertaining to architectural control and review (if applicable)
- 6.

Date: _____

Homeowner Signature(s) _____

Date Received by Association ARC _____ Signature: _____

DAPPROVED by Board of Directors OR **Architectural** Review Chairperson OR Authorized Agent
DAPPROVED with Following Contingencies by Board of Directors/ RC Chairperson/Authorized Agent:

Signature _____ Date Signed _____

ODISAPPROVED for the following reason(s) by Board of Directors:

Board Signature _____ Date Signed _____