

APPENDIX

**REQUEST APPLICATION
To the Architectural Review Committee**

Date: _____

Homeowner's Name _____

Address _____

Home Telephone _____

Business Telephone _____

Email Address _____

Please refer to Section III of the Architectural Review Guidelines and Procedures for information on what should be included in your request application package. An incomplete application will delay the review process. **The completed application can be scanned and submitted electronically to HFHOArc@gmail.com, or a hard copy may be hand delivered or mailed to the Chair of the Architectural Review Committee (the HFHOA web page lists current officers and their contact information). It is the homeowner's responsibility to ensure the ARC Chair is in receipt of application.**

**ARC approval does not negate the need for county permits and/or code requirements that may apply to work being requested. Please check with Fairfax County before starting work. **

Description of Work

Date work will be completed: _____

Neighbor Awareness (Please get signatures of neighbors most physically or visually impacted by your work request. Please note that neighbor signatures are for awareness purposes only and do not constitute their nor ARC approval of the work being requested):

<u>Name and Street Address</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
_____	_____	_____

For ARC Committee Use: Homeowner's Signature _____

Date Received by ARC: _____

Status: Approval/Disapproval/Withdrawn: _____ Date/ ARC Chair initials: _____

Other/Notes: