

Dawson Landing Homeowners Association Architectural Review Board
Application for Change, Modification, or Addition

To:

DawsonLandingARB@gmail.com -or-

Dawson Landing Homeowners Association, Inc.
Architectural Review Board
P.O. Box 4401
Woodbridge, Virginia 22194

From:

Owners Name

Street Address

Lot Number

Home Phone No.

Office/Day Phone No.

Night Phone No.

Application Number: _____ (To be completed by the ARB)

Date Received by the ARB: _____.

Description of Change, Modification, or Addition:

Please describe in exact terms the change, modification, or desired addition to be considered by the Dawson Landing Architectural Review Board. Please refer to the Dawson Landing Homeowners Association's Architectural Review Board's Criteria and Standards before submitting this application.

Feel free to attach a separate sheet if additional space is required.

Checklist:

- _____ Complete application form
- _____ Immediate and/or affected Neighbor's signatures
- _____ Graphic Description
- _____ Landscaping plan (if indicated in the item standard for that change).
- _____ Plat (diagram of property) with outline of proposed change
- _____ Description of materials and colors
- _____ Estimate of construction time

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*Affected Neighbors:

I (We) have read the attached request for Change, Modification, or Addition and my (our) recommendation(s) are as indicated. (Note - if preferred, recommendations may be submitted directly to the Architectural Review Board.)

IMMEDIATE AND/OR AFFECTED NEIGHBOR # 1 - Recommendations

Affected Neighbor _____

Street Address/Lot # _____

Recommendation (check one box):

- Acceptable as described
- Acceptable
- Unacceptable (see comments)
- Other (see comments)

Signature(s): _____

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IMMEDIATE AND/OR AFFECTED NEIGHBOR # 2 - Recommendations

Affected Neighbor _____

Street Address/Lot # _____

Recommendation (check one box):

- Acceptable as described
- Acceptable
- Unacceptable (see comments)
- Other (see comments)

Signature(s): _____

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IMMEDIATE AND/OR AFFECTED NEIGHBOR # 3 - Recommendations

Affected Neighbor _____

Street Address/Lot # _____

Recommendation (check one box):

- Acceptable as described
- Acceptable
- Unacceptable (see comments)
- Other (see comments)

Signature(s): _____

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IMMEDIATE AND/OR AFFECTED NEIGHBOR # 4 - Recommendations

Affected Neighbor _____

Street Address/Lot # _____

Recommendation (check one box):

- Acceptable as described
- Acceptable
- Unacceptable (see comments)
- Other (see comments)

Signature(s): _____

* Additional signature sheets can be made by duplicating this Page 3 of 5.

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(We) acknowledge and agree that I (we) will be solely liable for any claims, including, without limitation, claims for property damage or personal injury, which result from this Request for Change, Modification or Addition. I hereby indemnify the Board of Directors, and the Architectural Review Board of the Dawson Landing Home Owners Association from and against any and all applicable codes and ordinances with regard to obtaining all necessary permits and inspection for the requested change, modification or addition. I (We) also accept full responsibility for the change, maintenance, repair, and up keep of said modification, or addition.

Signature(s) of Owner(s)

Date

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Action Taken By the Architectural Review Board

Architectural Review Board Signatures and Date:

ARB Member/Date

ARB Member/Date

ARB Member/Date

ARB Member/Date

ARB Member/Date

ARB Member/Date

Disposition of Application:

Approved as requested.

Application incomplete and returned for:

_____.

Approved subject to the following conditions or modifications:

Disapproved for the following reason(s):

Copy Returned to the Applicant on _____

Date/Architectural Review Board
Copy Filed: ARB File