

INDIAN RIVER FARMS OWNERS' ASSOCIATION

APPLICATION FOR ARCHITECTURAL REVIEW

PLEASE MAIL OR EMAIL TO: alauer@unitedpropertyassociates.com

INDIAN RIVER FARMS OWNERS' ASSOCIATION

301 Bendix Road, Suite 300

Virginia Beach, VA 23452

Phone No: (757) 497-5752

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WARNING: Exterior alterations commenced without prior approval of the Architectural Review Board (ARB) are in violation of the covenants and at the applicant's own risk.

(Read your Indian River Farms documents thoroughly. Please review all the Conditions, Restrictions, Easements, Charges, and Liens.)

FROM: (Please print in ink or type.)

Name: _____

Address: _____

Home/Cell Ph: _____ Work Ph: _____

APPLICATION FOR: (Check appropriate work.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Landscaping/Grading | <input type="checkbox"/> Patio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Shed | _____ |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Pool | _____ |
| <input type="checkbox"/> Repair or Replace | <input type="checkbox"/> Satellite Dish | _____ |
| <input type="checkbox"/> Exterior Finish/Color | <input type="checkbox"/> Hot Tub | _____ |
| <input type="checkbox"/> Play Structure | <input type="checkbox"/> Driveways | _____ |

DESCRIPTION OF ALTERATION: Supplemental sheets, sketches, plats, all city and state permits, and architectural drawings, fully describing the proposed alteration, must be attached before the ARB will review the application. In case of an exterior color change, a sample of the new color, along with a description of the existing color, must be submitted. Please submit written explanation of alteration, when necessary, on separate sheet.

NOTE: The ARB has thirty (30) days from the date a complete application package (including required **signatures, plats showing location of alteration, pictures, and/or sketches of alterations**, etc.) is received to approve, deny, or respond in reference to each application. Failure to provide the necessary documentation will only delay the approval process.

ACKNOWLEDGMENT: By signing below, you acknowledge that you are responsible for acquiring all necessary permits from the City of Virginia Beach or Board of Health (for water wells) and if the modification(s), as constructed, differ in any way from those described herein, your approval will not extend to such modification(s).

OWNER'S SIGNATURE: _____ DATE: _____

****To Be Completed By the Architectural Review Board Only****

THE ABOVE REQUEST HAS BEEN:

APPROVED AS WRITTEN

APPROVED WITH CONDITIONS BELOW

DENIED DUE TO REASONS BELOW

ARB Member Signature

Date