

WOODLAKE CROSSING HOMES ASSOCIATION
c/o: Victory Community Management, Inc.
5007-C Victory Blvd. #240, Yorktown, VA 23693
Tel: 757-593-0166, Email: VictoryComMgt@gmail.com

ARCHITECTURAL REVIEW REQUEST APPLICATION

Section: _____ Lot Number: _____

Applicant's Name: _____

Address: _____

Phone: _____

Email: _____

Description of Alterations: _____

IN ORDER FOR THE ARCHITECTURAL REVIEW COMMITTEE TO PROPERLY REVIEW YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING ATTACHMENTS:

WRITTEN PLANS and SPECIFICATIONS

PLAT (SITE PLAN) with drawing of exact location, configuration, and size of alteration(s)

(Including driveways, landscaped areas, setback lines, buffer areas and other features under the Zoning Ordinance)

ARCHITECTURAL PLANS/ILLUSTRATIONS OF IMPROVEMENTS

(Exterior elevations, construction materials and exterior colors)

PHOTOGRAPH(S) and/or DRAWING(S)

ANY ADDITIONAL INFORMATION (Please specify):

HOMEOWNERS: By signing below you are indicating that you understand **you must wait for receipt of your written approval of this application before beginning the foregoing alteration(s)**, and that approval of such alteration(s) by the Architectural Review Committee does not release you from your obligations to ensure that such alteration(s) is (are) in compliance with the applicable Building and Zoning ordinances for York County.

I/We understand that any damages that may occur during the course of this alteration are my/our responsibility, whether the damage is done to common property or private property (to include underground wiring, landscaping, roadways, etc.).

Homeowner Signature: _____ **Date:** _____

Homeowner Signature: _____ **Date:** _____

The signatures of all immediate neighbors must be obtained before your application will be considered.

NEIGHBORS: Your signatures must be obtained for all "improvements" (these include, but are not limited to, room additions, decks, fences, storage sheds and major landscape changes). BY SIGNING BELOW, YOU ARE INDICATING YOUR AWARENESS OF THE ALTERATION, NOT YOUR APPROVAL. If, as a neighbor, you have concerns regarding this application we encourage you to contact a member of the Association Board of Directors or the Association Manager as soon as possible.

Neighbor: _____

Neighbor: _____

Address: _____

Address: _____

Neighbor: _____

Neighbor: _____

Address: _____

Address: _____

All applications must be submitted to the WCHA Association Manager, Victory Community Management at the above address. Applications are reviewed monthly, so please allow adequate time to receive a response.

ARCHITECTURAL REVIEW COMMITTEE

Date of Receipt: _____ Date of the ARC Review: _____

- APPROVED
- APPROVED WITH COMMENTS/CONDITIONS
- DISAPPROVED
- DECISION WITHHELD
- OTHER: _____
- COMMENTS: _____

Signed: _____