WILLIAMSTOWN HOMEOWNERS ASSOCIATION, INC

Architectural Modification Application Form

Date:			
Lot # and/or Pr	roperty Address:_		
Mailing Addres	ss (If different fror	m Property Address):	_
Name of Unit C	Owner (Applicant)	÷	_
Telephone Nun	mber:	Email:	-
Anticipated Sta	art Date:	Estimated Completion Date:	
-	-	ement/Modification: d, type, color, size, etc.	
			_
All applications copy of all nece	s must be accompa essary permits, and	nied by sketch, drawing, photograph, or plat indicating location, size, and type of cord other pertinent information regarding your proposed improvement/modification. If insurance certificates, please include those as well.	-
construct the p certify that I ha Rules and Regu	proposed improve ave read and unde ulations. Permission	tion I have provided is accurate to the best of my knowledge. I certify that, once all ment/modification according to the approved plans and specifications. Furthermo erstand the governing documents of the Williamstown HOA as they pertain to the Abon is hereby granted to members of the Williamstown HOA and its representatives, liew the proposed project.	re, I hereby Architectural
Owner (Applica	ant) Signature:	Date:	
		Please submit application to:	
		Austin Realty Management & Investments, Inc.	
		by mail: P.O. Box 3413, Warrenton, VA 20188	
		by fax: 540-347-1900	
		or by email: hoaassistant@armiva.com	
		(FOR ARCHITECTURAL CONTROL COMMITTEE)	
		Date Received:	
	() Action in lieu of () Action by Meet () Approved as sul () Approved with	ing of the ACC	
	() Denied Date Approved/De	enied:	
	Authorizing Signati	ure: Date:	