

**VILLAS AT THE RIDGES OF WARRENTON
ARCHITECTURAL APPROVAL FORM**

TO: Board of Directors
Thru: Architectural Advisory Committee

Date: _____

From: _____

Phone: _____

Address: _____

Email: _____

Request the following architectural change be authorized:

DESCRIPTION:

SPECIFICATIONS (specify all that apply)

Model: _____

Color: _____

Height: _____

Materials: _____

****Please review your governing documents for guidelines prior to submitting your application. ****
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Drawing/Plan/Photo-Please attach a drawing, plat, and/or photo. This information will help expedite the process and clarify the work to be done.

Applicant hereby warrants that Applicant shall assume full responsibility for: All landscaping, grading, and/or drainage issues relating to the improvements; Obtaining all required Town or County ordinances relating to said improvement; Complying with all applicable Town or County ordinances; Any damage to adjoining property (including common area) or injury to third persons associated with the improvement.
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Homeowner

Signature: _____

Date: _____

Please mail, drop off, fax or email your completed application to: Villas at the Ridges of Warrenton, PO Box 3413, Warrenton, VA 20188. 540-347-1900(fax). HOA@ARMIVA.COM. ARMI is located at 10 Rock Pointe Lane, Warrenton, VA 20186

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Please obtain the signatures of 3 adjacent or affected property owners. The signatures only indicate their awareness of your proposed plans, not their approval. Signatories having concerns about the proposed plan must notify the Association of specific concerns in writing.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

TO: Homeowner
FROM: Board of Directors

Your request for architectural change is hereby Approved / Disapproved

Committee Representative: _____ **Date:** _____

If disapproved, for the following reason(s): _____

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