## HIGHLANDS OF WARRENTON COMMUNITY ASSOCIATION ARCHITECTURAL APPROVAL FORM

TO: Architectural Review Board	DATE
FROM:	SUBMITTED:
ADDRESS:	PHONE:
	EMAIL:
Request the following architectural change be authorized:	
DESCRIPTION:	
SPECIFICATIONS (specify all that apply)	
Model:	
Color:	
Height:	
Materials:	
Drawing/Plan/Photo (attach if more space is necessary)	
Applicant hereby warrants that Applicant shall assume full responsibility for:  A. All landscaping, grading, and/or drainage issues relating to the improvements (including replacing bonds	
or escrows posted by the Developer currently in place affect the Lot);  B. Obtaining all required Town or County ordinances relating to said improvement;	
C. Complying with all applicable Town or County	ordinances;
<ul> <li>D. Any damage to adjoining property (including c improvement.</li> </ul>	common area) or injury to third persons associated with the
improvement.	
TO: Homeowner FROM: Architectural Review Board	
Your request for architectural change is hereby Approved / Disapproved	
If disapproved, for the following reason(s):	