

ARCHITECTURAL REVIEW FORM

Longmeadow Homeowners Association Architectural Review Committee

The Declaration of Covenants, Conditions and Restrictions Require that a property owner obtain the written approval from the Architectural Review Committee for any and all exterior alterations or additions to the property within Longmeadow as stated in the Declaration of Covenants, Conditions and Restrictions, Part 1, Section 1.1.

To comply with the Declaration of Covenants, Conditions and Restrictions please complete the form below. Attach a detailed drawing or blueprint of the proposed alteration or addition as well as a copy of your existing site plan (**this is required, usually referred to as a plat map**) showing the location on the property of the change(s). The drawing should specify dimensions, materials to be used and colors. This application, drawings, and plat map will be retained for the committee records. Non-returnable paint samples are required for all exterior colors to be used or stain for decks or fences. For any building or storage shed, exterior walls, trim and roof shingle color will be required to match as close as possible to the exterior color of the existing structure and samples will also be retained for the committee records.

The committee has thirty (30) days from receipt of this form by the committee to reply to your request. Please be sure to include all information and a phone number so that you may be contacted should additional information be required.

If the request change is approved, the homeowner agrees to complete the alterations or additions within one (1) year from the date of approval. The homeowner agrees to comply with all applicable County and State building codes and laws, and to obtain all necessary building permits required.

Name(s) of Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Desired Alteration or Addition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Homeowner(s): \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Projected Start Date: \_\_\_\_\_

Return this form, plans and samples to:

ACS WEST INC.  
P.O.Box 11361  
Richmond, VA 23230

Association Use Only:		Request # _____
Approved: _____	Denied: _____	Date: _____
Signature: _____		
Signature: _____		