

APPLICATION FOR ARCHITECTURAL MODIFICATION

Mail to: Burke Overlook HOA
Architectural Review Board
P.O. Box 10331
Burke, VA 22009-0331

Name(s) and Mailing Address of homeowner:

Property address to be modified (if different than mailing address):

Home Phone:

Work Phone:

Briefly describe the change you are proposing. All modifications are subject to BOHA approval based upon the covenants and architectural guidelines.

ACKNOWLEDGMENTS:

1. The property is subject to building and zoning codes of Fairfax County and their provisions. The Building Ordinance of the Fairfax County Building Department requires that you file plans with the Building Inspector at his/her office. Please contact the Fairfax County Office of Building Inspections and Permits (358-3800) in Fair Oaks for further information regarding construction that requires a building permit.
2. I understand and agree that no work on this request shall commence until written approval of the Architectural Review Board has been received.
3. I understand that any construction or exterior alteration undertaken by me or on my behalf before approval of this application is not allowed and that if this application is disapproved wholly or in part, I may be required to return the property to its former condition at **my own expense**.
4. I understand that members of the Architectural Review Board may make arrangements with me at a reasonable time to inspect the proposed project, the project in progress, and the completed project.
5. I understand that any approval is contingent upon construction or alterations being completed with good craftsmanship.

6. This application will be acted upon as soon as possible. A decision by the Architectural Review Board is required on all applications within 30 days of receipt of a completed form.

7. The decision will be rendered in writing by the Architectural Review Board; documents associated with approved applications will be maintained on file by the Burke Overlook HOA.

8. The alteration authority granted by this application will be revoked automatically if the alteration requested has not commenced within 180 days of the approval date and/or completed by the date specified by the panel.

9. Those property owners immediately adjacent and/or that have a view to the change have been notified and are aware of my intent; the names of those that have been contacted are listed below.

Signature: _____	Signature: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Any concerns about an application should be brought to the attention of the Architectural Review Board.

Signature of owner(s): _____
Date: _____ Work to be completed by: _____

PLEASE PROVIDE A DETAILED DESCRIPTION AND DRAWING OF THE PROPOSED MODIFICATION ON AN ATTACHED PAGE. SHOW THE LOCATION OF THE ITEM ON THE PROPERTY BY A SCALE DRAWING OR BY A COPY OF THE LOT PLAN GIVEN TO YOU BY THE BUILDER. IF THE CHANGE INVOLVES A COLOR MODIFICATION, ATTACH A SAMPLE AND MODEL NUMBER/NAME OF THE PAINT OR STAIN COLOR.

FOR USE BY ARCHITECTURAL REVIEW BOARD

Date Received:

Architectural Review Board Comments:

Decision: APPROVED/DENIED

Work to be completed by: