

Bay Cove

EXTERIOR ALTERATION FORM

Owner Last Name, First Name

Owner Mailing Address

Address in which changes are proposed

(____) _____ (____) _____
Home Phone Work Phone

Complete the following if work is to be done by a
Third party:

Business Name

Business Contact

(____) _____ (____) _____
Work Phone Pager

I DESCRIPTION OF ALTERATION

Describe in detail, the changes you propose in accordance with the Bay Cove Standards and the Declaration. Use additional pages if necessary and illustrate the improvement, if applicable. NOTE: CERTAIN TYPES OF ALTERATIONS REQUIRE A COUNTY BUILDING PERMIT. THE ASSOCIATION TAKES NO RESPONSIBILITY FOR OBTAINING THAT PERMIT. Call the County if you have questions.

The change/changes I propose to make is/are:

FOR ARC USE ONLY

Routing: 1. Association Site File
2. Copy of completed
application with ACC

Date of Receipt ____/____/____

APPROVAL

[____] As Submitted
[____] With Provisions described on
Page 2

Authorization Signature

____/____/____
Date of Approval

Mail completed form to:
Landmark Property Services, Inc.
P.O. Box 18033
Richmond, VA 23226

Upon completion of the requested repairs/alterations, the area will appear identical to the original condition. Yes _____ No _____

If area will not appear identical, please describe in detail any alterations to the appearance upon completion of the project to include construction materials, paint color(s), dimensions, etc.

II ACKNOWLEDGEMENT OF ADJACENT OWNERS

Show and explain your completed application to the adjacent residents who would be most affected by the proposed alteration - two signatures are required.

III ADJACENT OWNERS

Your signature below shows that you are aware of this application. It does not mean that you approve the project. If you disapprove, or wish to discuss the proposal call the Architectural Review Committee or Landmark Property Services. Please sign legibly.

Name

Address

(_____) _____ (_____) _____
Home Phone Work Phone

Signed: _____ Date: ____/____/____

IV OWNER'S AGREEMENT

I have completed this application in good faith and it accurately represents the alteration I propose to make. I understand that approval of this application does not authorize me to violate any provisions of the Architectural Standards, Declaration or of the building and County zoning codes.

I understand and agree that any construction or alteration undertaken prior receipt of the Architectural Control approval is at my own risk, and that I may be required to return the property to its former condition at my own expense should the application be disapproved wholly or in part and I may be subject to fines.

I understand that representatives of the Architectural Control are permitted to enter upon my property at any reasonable time for the purpose of inspecting the area for the proposed project, the project in progress, or the completed project and that such entry does not constitute trespass.

I understand that work must be completed in a workmanlike manner within 180 days after the approval and that the improvement must be built only on my property.

Owner Signature

Date: ____/____/____

----- **FOR ARCHITECTURAL CONTROL USE** -----

Comments (Please describe in detail if an application is denied):

Electronic Signatures. Each party consents to the use of electronic signatures and agrees that the electronic signatures, whether digital or encrypted, of the parties included on this Form are intended to authenticate this writing, to have the same force and effect as manual signatures. Electronic signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record, including facsimile or email electronic signatures.