

GREENSPRINGS WEST OWNERS' ASSOCIATION
Application for Architectural Change

Please mail or deliver to:

The Architectural Review Committee of Greensprings West
103 Bulifant's Blvd., Suite A
Williamsburg, VA 23188

OR

Faxed Requests:
345-5385

Further Information:
345-5383 x 486

FROM: (Please type or print)

NAME: _____

ADDRESS: _____

PHONE: Daytime _____ Evening _____

Description of changes desired – please give full details of purpose and/or reason, type and color of materials to be used, and location on the property:

If the request is for a change in paint color, please attach a sample and model number of the paint or stain. If the request is for a structural change, grounds planting, fencing, rearrangement, etc., ***please attach a copy of your plat which shows your property lines, location of your dwelling on the property and any easements, and provide a drawing on your plat showing the nature, shape, size, and relative location of the change/addition you are planning.*** Ensure your proposal meets all local codes and easement requirements and contact MISS UTILITY at 1-800-552-7001 for guidance on digging and the location of your project. You will receive a response to your request within thirty days of receipt.

NOTES:

1. Nothing contained herein shall be construed to represent that alteration to land or buildings in accordance with these plans, shall violate any of the protective covenants nor any of the provisions or Building and Zoning Codes of James City County, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.

2. The Code of James City County for Building Inspections requires that you file an Application for a building permit for structural changes.

3. I understand and agree that no work on this request shall commence until I receive written approval from the Architectural Review Committee.
4. This application usually takes no longer than 30 days for complete review and an answer delivered to the applicant. In the event additional information is required, the Architectural Review Committee will notify the applicant directly.
5. The Architectural Review Committee shall return a copy of this application to you after review.

Owner(s) Signature: _____ Date: _____
 _____ Date: _____

Acknowledgement by all adjacent property owners is needed. Their signatures (below) indicate an awareness of intent and do not constitute approval or disapproval.

NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____

NAME _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____

PLEASE DO NOT WRITE BELOW THIS SPACE

Date Received: _____ Received By: _____

Date application sent to Architectural Review Committee for review: _____

Date reviewed by Architectural Review Committee: _____

Decision of Architectural Review Committee: Approved as submitted. Date: _____
 Approved subject to modification(s) listed below.
 Disapproved for reason(s) listed below.

Authorized Association Official's signature: _____