

APPLICATION FOR EXTERIOR ALTERATION

SUBDIVISION: _____

LOT NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF ALTERATION(S): _____

IN ORDER FOR THE ARCHITECTURAL REVIEW BOARD AND THE NEIGHBORHOOD ADVISORY BOARD TO PROPERLY REVIEW YOUR APPLICATION, THE FOLLOWING IS REQUIRED:

- WRITTEN PLANS and SPECIFICATIONS
- PLAT (*SITE PLAN*) with drawing of exact location, configuration, and size of alteration(s)
(Including driveways, landscaped areas, setback lines, buffer areas and other features under the Zoning Ordinance)
- ARCHITECTURAL PLANS/ILLUSTRATIONS OF IMPROVEMENTS
(Exterior elevations, construction materials and exterior colors)
- SEDIMENT/EROSION CONTROL PLAN and/or TREE PROTECTION PLAN (if applicable)
- PHOTOGRAPH(S) and/or DRAWING(S)
- ANY ADDITIONAL INFORMATION (Please specify) _____
- NEIGHBOR SIGNATURES FOR ALL ALTERATIONS

HOMEOWNERS: By signing below you are indicating that you understand you must wait for receipt of your written approval of this application before beginning the foregoing alteration(s), and that approval of such alteration(s) by the Architectural Review Board and/or the Neighborhood Advisory Board does not release you from your obligations to ensure that such alteration(s) is (are) in compliance with the applicable Building and Zoning ordinances for the City/County in which the above referenced lot is located.

All applications must be submitted to the VKCOA office. Applications are reviewed twice a month, so please plan to allow adequate time to receive a response. If you have any questions call the ARB Coordinator at the VKCOA office (877-9835).

I/We understand that any damages that may occur during the course of this alteration are my/our responsibility, whether the damage is done to common property or private property (to include underground wiring, landscaping, roadways, etc.)

HOMEOWNERS SIGNATURE: _____

DATE: _____
DATE: _____

NEIGHBORS: In order to process your application, your neighbor's signatures are required for ALL EXTERIOR ALTERATIONS. BY SIGNING BELOW, YOU ARE INDICATING YOUR AWARENESS OF THE ALTERATION, NOT YOUR APPROVAL. If, as a neighbor, you have concerns regarding this application we encourage you to call or write the VKCOA office as soon as possible.

NEIGHBOR: _____

NEIGHBOR: _____

ADDRESS: _____

ADDRESS: _____

NEIGHBOR: _____

NEIGHBOR: _____

ADDRESS: _____

ADDRESS: _____

NEIGHBORHOOD ADVISORY BOARD

VILLAGE _____

RECOMMEND APPROVAL _____
(Signature/Title) (Date)

RECOMMEND DISAPPROVAL _____
(Signature/Title) (Date)

COMMENTS / _____

RECOMMENDATIONS _____

ARCHITECTURAL REVIEW BOARD

DATE OF REVIEW BY ARB: _____

- APPROVED
- APPROVED WITH COMMENTS/CONDITIONS
- DISAPPROVED
- DECISION WITHHELD
- OTHER _____

COMMENTS: _____

REVIEWED BY: _____