

**Westwood Towns Homeowners Association
Architectural Change Request**

NAME _____ ADDRESS _____

PHONE (H) _____ (W) _____

DATE _____

**PLEASE REVIEW THE GOVERNING DOCUMENTS BEFORE SUBMITTING YOUR REQUEST
VARIATIONS ARE GRANTED ONLY ON AN EXCEPTION BASIS**

YOUR REQUEST

() Plat Included

() Major materials shown

() Top View Diagram Included

() Side View Diagram Included

FOR INFORMATION ON FAIRFAX COUNTY BUILDING PERMITS CONTACT 703-222-0801
OR REFER TO THEIR WEBSITE AT <http://www.fairfaxcounty.gov>

Architectural Change Request forms may be faxed to 703-330-5254, emailed to office@Burkecmg.com or mailed to WWTHA, C/O BCM 10494 Business Center Court, Manassas, VA 20110.

-----Please do not write below this line-----

() ARB-SUPPLEMENTAL APPLICATION INCLUDED

() **REQUEST APPROVED BY WWTHA ARB** INITIALS _____ DATE _____

Interim approval for the above change(s) is granted by the Architectural Review Board. Final approval is subject to written notification from the homeowner, indicating completion of the project and an inspection by the ARB to ensure the project was completed in accordance with the approved request and associations governing documents. Immediately upon completion of your project, written notification should be mailed to BCM at the address listed above. Architectural violations and/or unapproved changes are subject to liens and/or other corrective actions as described in the associations governing documents.

FINAL APPROVAL NOTED BY _____ DATE _____

() **YOUR REQUEST HAS BEEN DENIED FOR THE FOLLOWING REASON(S):**

() INCOMPLETE REQUEST, PLEASE RESUBMIT WITH THE FOLLOWING INFORMATION:

() VIOLATION OF BY-LAW OR REGULATION (REFERENCE) _____

() VIOLATION OF APPROVED ACC RULE: _____

() OTHER _____