

GATLING POINTE SOUTH COMMUNITY ASSOCIATION

C/O CHESAPEAKE BAY MANAGEMENT

600 THIMBLE SHOALS BLVD, SUITE 200

NEWPORT NEWS, VIRGINIA 23606

PHONE (757) 534-7751 FAX (757) 534-7765

jlliceaga@1cbm.com or jketchum@1cbm.com

APPLICATION FOR EXTERIOR ALTERATION

LOT NUMBER: _____

NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

DESCRIPTION OF ALTERATION(S): _____

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

- ✓ 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 _____

NEIGHBOR ACKNOWLEDGEMENT: Signatures of neighbors for all adjoining lots must be obtained for all major "improvements" (these include, but are not limited to, room additions, decks, fences, storage sheds and major landscape changes). *By signing you are indicating awareness of the alteration, not approval.*

IF YOU HAVE CONCERNS REGARDING THIS APPLICATION WE ENCOURAGE YOU TO CALL OR WRITE THE MANAGEMENT OFFICE AS SOON AS POSSIBLE.

I acknowledge that I have reviewed the applicant's plans regarding this application.

NAME OF NEIGHBOR: _____

SIGNATURE _____

ADDRESS: _____

PHONE: _____

NAME OF NEIGHBOR: _____

SIGNATURE: _____

ADDRESS: _____

PHONE: _____

(PLEASE SEE REVERSE SIDE FOR ADDITIONAL SIGNATURE REQUIREMENTS)

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.)

I/We understand that we 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 does not release us of our obligations to ensure that such alteration(s) is (are) in compliance with the applicable Building and Zoning ordinances for Isle of Wight County.

Upon completion of the alteration the management company must be notified. Please call 757-534-7751 or email jliceaga@1cbm.com so that an inspection of the alteration can be performed and the application can be closed.

ALL ARB APPLICATIONS MUST BE SUBMITTED TO THE MANAGEMENT OFFICE.

HOMEOWNERS SIGNATURE _____ DATE: _____

_____ DATE: _____

ARCHITECTURAL REVIEW BOARD (OFFICE USE ONLY)

DATE OF REVIEW BY ARB: _____

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

COMMENTS: _____

REVIEWED BY: _____

FINAL INSPECTION: DATE _____ COMPLETED BY: _____

INSTALLATION PER APPLICATION: _____ YES _____ NO