

**THE GREENS OF PARK RIDGE**  
**APPLICATION FOR ARCHITECTURAL MODIFICATIONS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please be sure to include all requested data with this application or it will be considered incomplete.

TYPE OF MODIFICATION: (please indicate) DECK \_\_\_\_\_ SHED \_\_\_\_\_ COLOR CHANGE \_\_\_\_\_

ADDITION \_\_\_\_\_ OTHER (describe) \_\_\_\_\_

DESCRIPTION OF REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach: Sketch showing style of addition including dimensions and height, copy of plat showing exact location of addition drawn to scale. Include a paint or stain color sample. Application for colors which are not the original color must be accompanied by actual color samples, not photos of colors. If emailing application request to Management for changes of color, the homeowner must send color sample by mail. No other application forms or letter will be accepted. BLANK COPIES CAN BE MADE FOR FUTURE USE.

Estimated Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

If this application is approved, I/we understand that it is only for what has been indicated hereon, based on the facts presented. I/we understand that all improvements must be completed within six (6) months from approval, unless specifically stated.

All approvals are for conformity with existing architectural conditions within the Greens only. Neither the Greens of Park Ridge Community Association nor any Agent thereof, is responsible in any way for defects in any work. **Applicant has sole responsibility for acquiring building permits, engineering, or other professional or technical advice.** Further, each applicant shall be solely responsible for any damage to adjoining properties or persons that may result from the approval herein requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send application to:

Greens of Park Ridge  
c/o BCM  
10494 Business Center Ct.  
Manassas, VA 20110

Fax: 703-330-5254  
Email: office@burkecmg.com

OFFICE USE: Date Received: \_\_\_\_\_ Date to ARB: \_\_\_\_\_

Architectural Review Board Ruling:

Approved \_\_\_\_ Denied \_\_\_\_ Contingent Approval \_\_\_\_ Tabled \_\_\_\_

_____	Date: _____
_____	Date: _____
_____	Date: _____