

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

Fax: 703-330-5254

c/o BCM

Email: office@burkecmg.com

10428 Business Center Ct.

Manassas, VA 20110

OFFICE USE: Date Received: _____ Date to ARB: _____

Architectural Review Board Ruling:

Approved____ Denied____ Contingent Approval____ Tabled____

_____ Date: _____

_____ Date: _____

_____ Date: _____