



CROSSPOINTE SWIM & RACQUET, INC.
ARCHITECTURAL REVIEW BOARD (ARB)
EXTERIOR ALTERATION APPLICATION

Owners Name: _____

Address: _____

Phone (Home): _____

Email: _____

Phone (Work): _____

NEW PROJECT (To be completed in 120 days) **ALREADY COMPLETED** (Include photos) **DISCLOSURE** (Include photos)

A detailed description of the proposed alteration must be provided. Show the location of the change on a copy of the property site plan. Refer to the Architectural Standards for the specific information that is to be provided for the proposed change.

PROPOSED ALTERATION: _____

I acknowledge having read and agree to the stipulations listed on page 2. I understand that my application and all supporting documents may be reviewed by any Crosspointe homeowner in good standing during the review process.

Owner's Signature: _____ Date: _____

Signatures of the homeowners most affected by the modification to include all adjacent homeowners: - To adjacent and affected property owners: Your signature indicates only that you are aware of this project. It does not signify approval or disapproval of the proposed change(s). Concerns should be addressed to the ARB in writing (For details see Standards Section V., page 11 – downloadable at www.crosspointe.info).

Name _____ Address: _____ Signature : _____

Name _____ Address: _____ Signature : _____

Name _____ Address: _____ Signature : _____

Name _____ Address: _____ Signature : _____

ARB Action: *Your application has been:*

Returned for more Information/Justification. Please resubmit your application with items listed below within 40 days from the return date. After which time, this application will be automatically disapproved and a new application will be required.

Signed: _____ Return Date: _____ Mailed: _____

Approved. Please assure appeal time limit has expired before proceeding with work. Work must be completed within 120 days.

ARB Comment: _____

Signed: _____ Approval Date: _____ Mailed: _____

Disapproved for the following reason/s: If you disagree with this decision, a written request for an appeal to the Architectural Review Board must be made within five (5) days from receipt of the ARB's decision.

Signed: _____ Disapproval Date: _____ Certified Mail # : _____

APPLICATIONS MUST BE RECEIVED AT THE COMMUNITY CENTER BY THE CLOSE OF BUSINESS THE MONDAY BEFORE THE NEXT SCHEDULED ARB MEETING.

THIS PAGE MUST BE INCLUDED WITH PAGE 1

STIPULATIONS

- I understand that I am required to comply with all Fairfax County building and zoning codes.
- The proposed alteration submitted for approval does not violate any Fairfax County codes.
- I understand that alterations or modifications to my lot or structures and appurtenances without benefit of ARB approval may be required to be removed and the property returned to its original condition, at my own cost, should the application not be approved wholly or in part, and that I will be required to pay all legal expenses incurred.
- I understand and give permission for Volunteer ARB Members and/or its representatives to enter upon my property at any reasonable time for the purpose of inspecting the proposed project, the project in process, or the completed project, and said entry does not constitute a trespass.
- I understand that approval is contingent upon construction or alterations being made in a professional manner.
- I understand that project completion is 120 days from approval date. The ARB will consider written requests for time extensions with show of good cause.
- I certify that nothing (e.g., equipment, addition, landscaping) will be installed outside my property or encroach onto Crosspointe Swim & Racquet, Inc open space.
- I understand that the ARB's approval does not address structural soundness or complex drainage issues. Any perceived or actual issues that negatively impact surrounding homeowner properties is a civil matter between homeowners and will not be considered by Crosspointe Swim & Racquet, Inc.
- I understand that any incomplete application will not be considered a proper submittal and will be returned for clarification and/or completion.
- I understand that an inspection will be completed once I have notified the management office of the completion of my project or after 120 days of the approval, as required by the Board of Trustees.

Application Checklist - Please ensure all supporting documents or information are included and clearly marked on your application. Please refer to your current Architectural Standards for further details.

- One application for each unrelated project.
- Homeowner's signature and date on application.
- Neighbors' signatures: All adjacent and affected neighbors.
- Official property plat - draw location of project. Required of modifications to lot or addition to home.
- Pictures/drawing (i.e. storm door, shed, swing-set, hot tub...)
- Dimensions (height, width, length, depth)
- Complete "Current Dwelling Color Scheme" Form if applicable.
- Color (name and sample)
- Materials used.
- Variance request letter if applicable

Application may be dropped off in the lockbox located across from the Community Center front door or mailed to 8275 Glen Eagles Lane, Fairfax Station, VA 22039

ARB EXTERIOR ALTERATION APPLICATION ATTACHMENT

ADDRESS: _____

THE DWELLING COLOR SCHEME ATTACHMENT MUST BE COMPLETED FOR ANY PROJECT THAT ENTAILS COLOR MATCH OR ANY MODIFICATIONS BELOW.

DWELLING CURRENT COLOR SCHEME - COMPLETE THIS SECTION IN ITS ENTIRETY	
Foundation Color	
Front Door Color	
Front Door Surrounding trim color	
Garage Door color	
House Trim Color	
Roof Color	
Shutter Color (if applicable)	
Siding Color	

STORM DOOR – Must match Front door color or Front door surrounding trim

Storm Door Color	
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COMPLETE THE APPLICABLE SECTION BELOW IF YOU ARE MAKING MODIFICATIONS TO AN EXISTING STRUCTURE.

(WHENEVER POSSIBLE PLEASE PROVIDE SAMPLES, PICTURES, SWATCHES, PAINT CHIPS, ETC...)

EXTERIOR PAINTING (Sample of paint color must be provided)

DESCRIPTION	OLD	NEW
House trim		
Front Door		
Shutters		
Deck		
Fence		
Other (pls. specify)		

WINDOWS REPLACEMENTS ___ Partial ___ Whole house ___ Grids

IMPORTANT REMINDER: Grids must be on all windows viewed from street.

DESCRIPTION	OLD	NEW
Trim color of windows		
Material		

ALL GARAGE DOORS REPLACEMENT

DESCRIPTION	OLD	NEW
Material		
Color		
Style		

WHOLE HOUSE SIDING REPLACEMENT (Please annotate all locations of siding replacement on site plan)

DESCRIPTION	OLD	NEW
Color		
Vinyl/Aluminum/Wood		
Width		
Style		

WHOLE ROOF REPLACEMENT

DESCRIPTION	OLD	NEW
Color		
Asphalt/Cedar/Other (specify)		
Style Of Shingle (Architectural, 3 tabs, etc...)		