

ARCHITECTURAL REVIEW APPLICATION

THIS FORM IS TO BE COMPLETED BY THE HOMEOWNER AND SUBMITTED TO THE ARCHITECTURAL REVIEW COMMITTEE (ARC) FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK. PLEASE ALLOW UP TO 30 DAYS UPON RECEIPT FOR A FINAL DECISION FROM THE ARC.

Mail the completed application to:

ASHTON COMMONS HOMEOWNERS ASSOCIATION

C/o SFMC, Inc.

12084 Cadet Court Manassas, Virginia 20109

Or email to:

ARCapplications@sfmtcinc.com

Please provide the following information so that we may contact you if we have any questions:

Property Owner's Name: _____

Lot #: _____

Mailing Address: _____

Phone: _____

Email: _____

Article VII of the ASHTON COMMONS Declaration of Covenants establishes the need for the Architectural Review Committee and states that no building or other improvements shall be erected, altered, or improved upon any lot without the prior, written approval from the ARC. These improvements include the following.

Please check items applicable to this submission:

☐ Roofing (type & color)

Shutters ☐

Satellite dish or antenna ☐

☐ Fencing

Painting (house, fence, driveway, or
walkway ☐

Landscaping (removal/addition of trees,
bushes, shrubs, mulch beds) ☐

Other _____ ☐

Describe the details of the requested change. Provide the following information (if applicable) along with this application (attach additional pages, as required).

- Drawings, sketches, or lot layout of all changes, additions, or improvements to the property.
- Color samples for walls, trim, & roof (if applicable).
- Materials, color, style, & layout of fencing.

Please provide the following, if applicable: Contractor Name: _____ Phone: _____

NOTE: ALL IMPROVEMENTS OR CHANGES TO THE PROPERTY MUST CONFORM TO ALL LOCAL ZONING AND BUILDING REGULATIONS. YOU (THE HOMEOWNER) ARE RESPONSIBLE FOR OBTAINING ANY REQUIRED BUILDING PERMITS PRIOR TO START OF WORK.

HOMEOWNER'S SIGNATURE: _____ DATE: _____

For ARC/BOD use only:

Date received: _____

☐ Approved ☐ Approved with comments/changes ☐ Denied for the following reasons

ARC Comments: _____

ARC/BOD Authorized Signature: _____ Date: _____