

APPENDIX ii.2.A Application for Architectural Change AAC

**The Reserve Master Association, Inc.
Application for Architectural Change
(Note: Only one project per application)**

Please mail (or scan) and deliver to: The Reserve Master Association
c/o Town Management
P.O. Box 5010
Williamsburg, VA 23188
Phone: 757-565-6200; Fax: 757-565-6291
Email: admin@townmanagement.net

Homeowner Name: _____ Date: _____
Address: _____
Phone: _____ E-mail: _____

Project begin date: _____ Project end date: _____
Description of changes desired. Please give full details of purpose and/or reason, type and color of materials to be used, and location on the property. Attach additional pages for the description as needed.

If you are requesting a change in paint color, please attach a sample and model number of the paint or stain. ***If the request is for a structural change, grounds planting, fencing, rearrangement, etc. please attach a copy of your plat which shows your property lines, location of your dwelling on the property and any easements and provide a drawing on your plat showing the nature, shape, size and relative location of the change/addition you are planning.***

Ensure your proposal meets all local codes and easement requirements and contact **MISS UTILITY** (1-800-552-7001) for guidance on digging and the location of your project. Please be advised that **PRIVATE UTILITY LINES MUST BE MARKED** and MISS UTILITY will not mark private lines.

The contractor and/or owner shall obtain, at its own expense, any and all necessary bonds and/or permits and authorizations required by governing bodies at the local, state or Federal level prior to the commencement of any work. Contractor and/or Owner shall comply with all applicable local requirements for building permits, inspections and zoning and with all other applicable laws and regulations related to the services.

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Homeowner Name:

Address:

Notes:

1. Nothing that is contained herein shall be construed to represent that alteration to land or building in accordance with these plans shall violate any of the protective covenants nor any of the provisions of Building and Zoning Codes of York Country, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.
2. For additional information on standards and guidelines, refer to the Reserve Master Association, Inc., Article VI "Architectural Control".
3. The Code of York County Virginia for Building Inspections requires that you file an application for a building permit for structural changes.
4. I understand and agree that no work on this request shall commence until I receive written approval from the Architectural Review Committee.
5. This application *usually* takes no longer than 30 days for complete review and an answer delivered to the applicant. In the event additional information is required, the Architectural Review Committee will notify the applicant directly.
6. Please note that some Application for Architectural Change application may require a member of the Architectural Review Committee to meet with you in person to discuss your application and preview the project prior to the approval of the application.

The Architectural Review Committee shall return a copy of this application to you after review.

Owner(s) Signature:

_____ Date _____
_____ Date _____

Acknowledgement by all adjacent property owners is required. Their signatures below indicate and awareness of intent and do not constitute approval or disapproval.

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

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Homeowner Name:

Address: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by:

Date application sent to the Architectural Review Committee for review:

Date reviewed by the Architectural Review Committee:

Decision of the Architectural Review Committee:

- Approved, as submitted. Date: _____
- Approved, subject to change(s) listed below.
- Denied, for reason(s) listed below.

Authorized Association Official's Signature:
