

Architectural Review Board

Exterior Alteration Application

Please mail or deliver completed form to:
Little Rocky Run Homeowners Association
6201 Sandstone Way Clifton, VA 20124

	If you have question	ns or need assistar	ce, please call: 7	03-830-041	1 (M-F, 9a	m-5pr	n)	
PLEASE PRINT OR TYPE								
Owner's Name					Proposed Alteration		Existing Alteration	
Address of Proposed Chang	је			**	Lot#		Sect.#	
Home #:	Work #:		Email:				<u> </u>	
			L					
 Complete all blanks. Incomplete applications will be disapproved. Please consult the Architectural & Maintenance Standards for specific details required for each change. Provide required details on attached sheets (sketches, scale drawings, photos, catalog illustrations, architectural plans, etc.) For paint or color changes, provide the name of the color AND sample 			 For all alterations, except paint changes and storm doors/window copy of the plat is required. Indicate on the plat the location of the proposed structure. Please indicate an estimated start and completion date: Estimated Start Date Estimated Completion Date*					
color palate from the manufa	cturer.		*Must be	e completed v	within 120	days o	f approval.	
	ESIRED ("See Attached" i added? Give a brief descrip)				
gg cg	and an end a since accomp	aon or your prop	osea uncration.	e de la				
Proposed color				☐ Color	sample a	ttache	d	
Proposed size and location				☐ Illustr	ated on at	tached	d plat - to s	cale
Proposed materials to be us	ied				ole attache			
Proposed style		the state of the state of the	240.2	☐ Illustr	ation attac	hed	ř.	
Four (4) signatures of impactowners, other owners' signatures	cted/adjacent property owners atures may be substituted. FOI	are required. In the	e event that there	are not four	impacted	/adjac .ICAT	ent propert	у
Name	Lot#	Nam	e				Lot#	
Address	Sect.#	Addr	ess	n. O become			Sect.#	
Name	Lot#	Nam	9				Lot#	
Address	Sect.#	Addr	ess			-	Sect.#	
rocedure. To initiate the appeal p isapproval. If you have any ques ertifies that the alteration will be on Information for completing appl	e/disapprove this application. If process, a written request for an ap- stions or concerns about this applications or concerns about this applications.	opeal must be submit cation, contact the Ho ot encroach on anothe	ted to the ARB Adn meowners Associa er property. Note:	ninistrator with ation office at [*] The reverse s	nin 10 worki 703-830-04 side of this	ng day 11. Th form c	s of receiving	g the furthe ditio
IOA STAFF	NOT WRITE BELOW THI	S LINE - FOR S	TAFF & VOLU	NTEER US	SE ONLY			
Date Received:	Date Forwa	arded to ARB:		Suspense D	ate:		50 AND AND SEC.	- 2300
FYI:								
Comments:								
				7410				
ARCHITECTURAL REVIE	W BOARD							
☐ Approved as submitted.		☐ Disa	approved. Reaso	on for disapp	roval:			
☐ Approved contingent upo	n:		410					
					-			
					OP.			
							183	
ACTION REQUIRED								
□ By HOA								
- by 11071								
□ By ARB								