## East Stratford Phase A&B Homeowners Association, Inc. c/o Sequoia Management Company 13998 Parkeast Circle Chantilly, Virginia 20151-2283 (703) 803-9641 Fax: (703) 968-0936

## ARCHITECTURAL CHANGE FORM

r's Name:		Property Address:	
me Phone:	Work Phone:	Email:	
ART DATE:	COMPLETION DATE:		
	Homeowner wishes to present com	pleted application to the A	ARB at the next meeting
<ul> <li>Description</li> <li>Plat/survei</li> <li>Manufact</li> <li>Indicate of</li> <li>Architection</li> <li>Grading pressure</li> </ul>	DESCRIPTIO of the proposed exterior change as indicated on of exterior change to be made: ey of your property/lot. Indicate location of the p ure's brochure, sketch, (overhead and side vie olor/finish. Include color samples, if applicable ural plans/drawings (for major additions/improv plan, if applicable the improvement(s) on an additional sheet(s) of	proposed change(s) on the plat w) and/or photograph showing des ements	
ease obtain the signatures, a	ddresses, and phone numbers of two (2) neigh		
ease obtain the signatures, a base show the <u>completed</u> apper e signature below does no	ddresses, and phone numbers of two (2) neigh olication to neighbors in its entirety. t indicate approval or disapproval of the pro	bors who will be most affected by to posed improvement – it merely	this proposed improvement. indicates the awareness of the application
ease obtain the signatures, a base show the <u>completed</u> apper e signature below does no	ddresses, and phone numbers of two (2) neigh lication to neighbors in its entirety.	bors who will be most affected by to posed improvement – it merely	this proposed improvement. indicates the awareness of the application
Applicant hereby warra (1) All landscaping, g developer current (2) Obtaining all requ (3) Complying with al (4) Any damage to ac (5) Applicant hereby s Signature of Applicant: AppROVED	ddresses, and phone numbers of two (2) neigh blication to neighbors in its entirety. t indicate approval or disapproval of the pro application, please contact the Architectura	bors who will be most affected by the posed improvement – it merely a Review Board Chairperson immediate and agree that all work performed with a solution and agree that all work performed with a solution agree that a sol	this proposed improvement.  indicates the awareness of the application mediately.  Printed Name and Address Printed Name and Address obonds or escrows posted by n improvement. will be in compliance with those guidelines Date:

Signature of ARB Member