

MILESTONE

ARCHITECTURAL CHANGE APPLICATION

Owner's Last Name, First Name

Owner's Mailing Address

Address of Lot on which changes are proposed

() - () -
Home Phone Work Phone

E-Mail

Complete the following if work is to be done by a third party:

Business Name

Business Contact

() - () -
Work Phone Pager

I DESCRIPTION OF IMPROVEMENT

Describe in detail the improvement (also, known as an addition, alteration or change) that you propose in accordance with the Milestone Architectural Standards, the Declarations, and the Rules and Regulations. Use additional pages if necessary and illustrate on a copy of your plat map the location of your improvement, if applicable. NOTE: CERTAIN TYPES OF IMPROVEMENTS REQUIRE A COUNTY BUILDING PERMIT. THE ASSOCIATION TAKES NO RESPONSIBILITY FOR OBTAINING THAT PERMIT. Call the County Building Inspector if you have questions.

The improvement/improvements that I propose to make is/are:

II ACKNOWLEDGEMENT OF ADJACENT OWNERS

Show and explain your completed application to the adjacent residents who would be most affected by the proposed project; two signatures are required in the next section.

FOR ARC USE

Routing: 1 Association Site File
2 Copy of completed application with Board determination to owner

Date of Receipt ____ / ____ / ____

APPROVED:

() As Submitted

() With provisions on page 2

NOT APPROVED: See page 2 ()

Coordinator or Board Member

____ / ____ / ____ Date of Review

Total Pages (including plat maps, etc.)

Return completed application, plat map and any other related requirements to the Milestone office during office hours or to the clubhouse drop box after hours. You may also send it by email to manager@milestonecommunity.com, or by fax to 550-7930. If you have any questions, please call the Milestone office at (804)550-4656.

NOTE: If the project requires contractor(s) to access a neighbor's property to complete the modification, such as driving through their yard, the neighbor must agree to the access.

III ADJACENT OWNERS

Your signature shows that you are aware of this application. **It does not mean that you approve of the project.** If you do not approve or wish to discuss the proposal, call the Architectural Control Coordinator or the president of the Board of Directors. Please sign legibly.

Name

Address

() - () -
Home Phone Work Phone

Date: / /

Name

Address

() - () -
Home Phone Work Phone

Date: / /

IV OWNER'S AGREEMENT

I have completed this application in good faith and it accurately represents the improvement that I propose to make. I understand that approval of this application does not authorize me to violate any provisions of the Architectural Standards, Declarations, Rules and Regulations, county or state building, zoning, easement, and/or right of way requirements or codes.

I understand and agree that any changes undertaken prior to receipt of approval from the Board of Directors is at my own risk and that I may be required to return the property to its former condition at my own expense should the application not be approved wholly or in part and I may be subject to fines.

I understand that representatives of the Board and/or the Architectural Control Coordinator are permitted to enter upon my property at any reasonable time for the purpose of inspecting the area for the proposed project, the project in progress, or the completed project and that such entry does not constitute trespass.

I understand that work must be completed in a workmanlike manner within 180 days after the Board's approval and that the improvement (also, known as an addition, alteration or change) must be located only on my property. I also understand that the maintenance, repair, and/or replacement of the improvement that is requested are my responsibility and that of all future owners of this property.

Owner: _____ Date: / /

V REVIEW BY THE BOARD OF DIRECTORS

The Board will process this application without undue delay, although it has up to 30 days for review. The procurement of additional required information may extend the processing time and in no way may be construed to be a waiver of authority by the Board. The architectural review process is described in the governing documents and the Rules and Regulations. If you wish to discuss this application, contact the Coordinator. If you disagree with the decision of the Board, a written appeal may be made within 10 days of receipt of its decision.

----- **FOR ARCHITECTURAL CONTROL COORDINATOR'S USE** -----

Please describe in detail if an application is approved with provisions or not approved.

ARC Signature: _____ Date: / /
