

The Groves Homeowners' Association
Change Request

INSTRUCTIONS: Review the Declaration of Covenants, Rules and Restrictions for detailed information concerning permitted alterations which require a completed form. Completely fill out both sides of the form below and attach any photographs or drawings (if applicable) of the change requested. Submit this request to the Architectural Review Committee to evaluate the proposed change(s) to:

The Groves Homeowners' Association
Attn: AR Committee
c/o Gibson & Associates, LLC
2754 Electric Road, Suite D
Roanoke VA 24018

ALLOW 15 DAYS FROM RECEIPT FOR REVIEW: The AR Committee will review your modification request. If the Committee has any questions regarding your request, they will contact you. Contact Gibson & Associates at (540-206-3721) if you have any questions regarding this process. **In the event the ARC has to contact you for further clarification on your change, be aware a delay could occur past the 15 review process. You will be made aware in writing by letter or email if a delay will occur.**

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DATE: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (W) _____

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PLACE OF ALTERATION: FRONT _____ DECK _____ PATIO _____ BACK YARD _____

OTHER: _____

DESCRIPTION OF ATTACHMENTS: _____

DESCRIPTION OF REQUESTED CHANGE: _____

ACKNOWLEDGEMENT OF TWO ADJACENT HOMEOWNERS --- This signature **DOES NOT** constitute nor indicate approval or disapproval, but merely indicates an awareness of the applicant's intent. If there are any **OBJECTIONS** to this application, please contact the Architectural Review Committee Chairperson immediately. Before approval is granted, the Architectural Review Committee may decide whether other affected homeowners need to be contacted.

Name: _____

Name: _____

Address: _____

Address: _____

Date: _____

Date: _____

(OVER)

ACKNOWLEDGEMENT OF HOMEOWNER: This will confirm that I/we have read the guidelines as they relate to this application and hereby agree to comply with said Covenants, Rules and Restrictions in the change/addition/improvement. I/we further confirm that I/we have read and will comply with all applicable rules and regulations established by the Association concerning the procedures to be followed in undertaking any change/addition/improvement. I/we further agree that I/we will be solely liable for any claims, including without limitation, claims for property damage or personal injury, which result from the requested change/addition/improvement. I/we acknowledge the responsibility for complying with all applicable governmental regulations, codes and ordinances; obtaining all necessary permits and inspections; and contacting Ms. Utility if digging; and indemnify the Groves Homeowners' Association from and against any claim for failure to do so. I/we further acknowledge that I/we are responsible for all maintenance, repair and upkeep of any approved change/addition/improvement.

OWNER(S) SIGNATURE(S): _____ DATE: _____
_____ DATE: _____

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(To be completed by the Architectural Review Committee Chairperson or his/her designate)

REVIEW ACTION
ARC Recommendation

DATE RECEIVED: _____

REVIEW ACTION:

- ☐ Approved as requested.
- ☐ Approved subject to the conditions noted below.
- ☐ Disapproved for the reasons noted below.

REMARKS: _____

ARCHITECTURAL REVIEW SIGNATURES (2 signatures required --- one being the Chairperson or his/her designate and the other either a member of the Committee or a member of the Board of Directors):

Signature Title: _____ Date: _____

Signature Title: _____ Date: _____

The Board of Directors has the final ruling on ANY ARC recommendation.