

The Coves at Wilton Creek Architectural Modification Request Form

Request must be in writing and mailed to The Coves at Wilton Creek Association c/o Chesapeake Bay Management, Inc.
603 Pilot House Drive, Suite 300, Newport News, VA 23606.

Please note: Exterior alterations commenced without proper written approval of the Association are in violation of the covenants and are at the applicants own risk.

From: (Please print or type)

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Application For: (please check appropriate space or spaces)

- | | | | | |
|---|-------------------------------------|--------------------------------------|--|---|
| ☐ New Construction | Relocate Existing: | Alteration For: | | |
| ☐ Repair | ☐ Structure | ☐ Shed | ☐ Guttering | ☐ Grading |
| ☐ Alteration | ☐ Building | ☐ Deck | ☐ Excavation | ☐ Yard Ornaments |
| ☐ Landscaping | ☐ Fence Wall | ☐ Porch | ☐ Exterior Finish | |
| | | ☐ Porch Rails | ☐ Exterior Color change | |

Description of Alteration: Please attach supplemental sheets, sketches, plot plans and architectural drawings, as needed to, explain the purpose and details of proposed alteration. Include colors, materials, dimensions, location, photos, etc. Failure to provide adequate information will result in denial of application. Any damage done to the common elements by the approved modification, shall be repaired at the applicant's expense.

Please Note: Approval of the Association does not relieve the applicant of responsibility for obtaining Building and Zoning permits, as required. All contractual work performed should be by a licensed insured vendor. All alterations must be completed within 90 days of approval. Failure to complete alterations within 90 days will require applicant to submit a supplemental request.

Acknowledgment: Please obtain four signatures of adjacent and/or visually affected owners, whenever possible. Acknowledgment indicates only awareness of intent.

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date Received By Committee: _____

☐ Application Approved

☐ Application Approved with Stipulations

☐ Application Disapproved

Stipulation(s): _____

Committee Signature: _____