

WATERGATE OF ALEXANDRIA CONDOMINIUM APPLICATION FOR EXTERIOR MODIFICATION

NAME: _____

ADDRESS OF PROPOSED CHANGE: _____

ALTERNATE MAILING ADDRESS (IF APPLICABLE): _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

FIRST SUBMITTAL: YES _____ NO _____

RESUBMITTAL: YES _____ NO _____

INSTRUCTIONS TO APPLICANT:

1. Consult the Covenants and covenants committee (CC) specific requirements for each proposed change.
2. Submit application form, drawing, contractor name, and other required documents in duplicate to:

Watergate of Alexandria Condominium
C/o SFMC, Inc.
12084 Cadet Court
Manassas, Virginia 20109
OR
Email to ARCAApplications@sfmcinc.com

3. All alterations except paint changes, patio storm doors, and windows require a house location survey indicating the location of the proposed changes.

Describe proposed changes (attach additional sheets if needed):

Obtain signatures of property owners who will be most affected by the change:

NAME	UNIT NO.	I acknowledge that I have been advised of this change
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Start Date: _____ Estimated Completion Date: _____

(Allow 45 Days for CC approval prior to start date)

1. I agree that compliance with the Watergate of Alexandria Condominium Guidelines and approval by the CC do not constitute compliance with country building and zoning codes, and CC approval shall not be construed as a waiver or modification of any code restriction.
2. I agree that no changes will be started until written approval of the CC has been received by me, and that if changes are made, I will be required to return the property to its former condition at my own expense and pay all legal fees incurred if this application is disapproved.
3. I agree that members of the CC shall be permitted to enter upon my property after prior notification to me and at a reasonable time, for the purpose of inspecting the proposed change, the project in progress, and the completed project. Such entry shall not constitute a trespass.
4. I agree that the authority granted to make the proposed change(s) will be revoked automatically if the changes requested have not commenced within six (6) months of the approval date and completed within six (6) months thereafter.

HOMEOWNER'S SIGNATURE: _____ DATE: _____