

APPENDIX A
SOUTHERN OAKS HOMEOWNERS ASSOCIATION
ARCHITECTURAL CHANGE APPLICATION

Name: _____

Date: _____

Address: _____

Home Phone: _____

Email address (optional)

Best Time to Call: _____

Change Requested:

Owner's Signature _____

Date received by ARB _____

Approved

Date of ARB action _____

Need more information

ARB Initials

Disapproved

Date of ARB response _____

Reason for Disapproval: _____

INSTRUCTIONS: (Refer to Architectural Guidelines for specific instructions)

1. Provide a sketch or photo, and a written description of the proposed change in sufficient detail so the ARB can make a decision. Include materials to be used and color.

2. Provide a site plan, including unit location, where on the property the improvement is to be located, dimensions, and distances from adjacent properties. Include estimated start and completion dates.

3. All proposed improvements must meet County codes. Your signature indicates that standards are met to the best of your knowledge.

4. Mail completed form and any accompanying documentation to:

Southern Oaks Homeowners Association
ATTN: Architectural Review Board
8328 Linden Oaks Ct.
Lorton, VA 22079-3057

Completed form may be emailed to ARB@SOHOA.ORG