AUTUMN OAKS COMMUNITY ASSOCIATION

APPLICATION FOR EXTERIOR MODIFICATION

APPLICANTS NAME: _____

ADDRESS OF PROPSED CHANGE: _____LOT #: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

FIRST SUBMITTAL: YES_____ NO: _____ RESUBMITAL: YES_____ NO: _____

INSTRUCTIANS TO APPLICANT:

1. Consult the Design Guidelines for specific requirements for each proposed change.
2. Submit application form, drawings, plats, county permits, and other required documents in duplicate to

<div align="center">

Autumn Oaks Community Association

c/o Sequoia Management Company

13998 Parkeast Circle

Chantilly, VA 20151

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Describe proposed changes (attach additional sheets if needed):

_____

_____

. _____

_____

Obtain signatures of adjoining properties owners who will be most affected by the change: (Minimum of 2).

Name	Address	I acknowledge that I have been advised of this change.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Start Date: _____Estimated Completion Date: _____

(After the Management Company has accepted the package allow sixty (60) days for CC approval prior to start date)

1. I agree that Compliance with Autumn Oaks Community Association Design Guidelines and approval by the CC does not constitute compliance county building and zoning codes, and CC approval shall not be constructed 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.
3. I agree that members of the CC shall be permitted to enter upon my property, if requested for the purpose of inspection of the proposed changes, the project tin progress, and the completed project.
4. I agree that the authority granted to make the proposed changes will be revoked automatically if the changes requested have not commenced within three (3) months of the approval date and completed within six (6) months thereafter.
5. I agree to contact the Management Company, and/or the Covenants Committee within fourteen (14) days after my project is complete and request an inspection by the Covenants Committee.

HOMEOWNERS SIGNATURE: _____ DATE: _____

Covenants Committee or the Homeowners Association Board of Directors

Date Received:_____

( ) Final approval as requested.

( ) Final approval subject to the following conditions/modifications. (See Comments)

( ) Disapproval for the following reasons. (See Comments)

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

Covenants Committee Chair's signature: Date:

Note: Please return this completed application to:

Autumn Oaks Community Association

C/o Sequoia Management Company

13998 Parkeast Circle

Chantilly, VA 20151

Phone: 703-803-9641

shannon@sequoiamgmt.com or jsimms@sequoiamgmt.com