

Completed applications must be received by the 20<sup>th</sup> of the month in order to be considered during the next ARB meeting.  
Please check with the Web site for time and date of the meetings.

**INDIAN RIVER FARMS HOMEOWNER ASSOCIATION**  
**EXTERIOR ALTERATION APPLICATION**

**PLEASE MAIL OR DELIVER TO:**

INDIAN RIVER FARMS HOMEOWNERS ASSOCIATION  
525 SOUTH INDEPENDENCE BLVD. SUITE 200  
VIRGINIA BEACH, VA 23452  
PHONE NO: 757.497.5752 FAX NO: 757.497.9133

**WARNING:** Exterior alterations commenced without prior approval of the Architectural Review Board (ARB) are in violation of the covenants and are at the applicants own risk. Read your Indian River Farms Governing documents thoroughly. Please review all the Conditions, Restrictions, Easements, Charges, and Liens. Neither the Board of Directors nor the ARB has the authority to grant approval to encroach into a maintenance easement. Applicant must seek variances from the City of Virginia Beach (Planning and Zoning) for such encroachment.

**FROM:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_

**APPLICATION FOR: (CHECK APPROPRIATE WORK)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> *Play Structure | <input type="checkbox"/> Landscaping              | <input type="checkbox"/> Exterior Finish | <input type="checkbox"/> Satellite Dish    |
| <input type="checkbox"/> Grading         | <input type="checkbox"/> *Deck or Patio           | <input type="checkbox"/> *Shed           | <input type="checkbox"/> *Pool / Hottub    |
| <input type="checkbox"/> *Building       | <input type="checkbox"/> Relocate                 | <input type="checkbox"/> Exterior Color  | <input type="checkbox"/> Repair or Replace |
| <input type="checkbox"/> *Water Well     | <input type="checkbox"/> Other Alteration : _____ |  |  |

*\*Permits could be required with these types of alteration, if required, please provide copy of permit with Alteration Completion Notice.*

**DESCRIPTION OF ALTERATION:** Supplemental sheets, sketches, plats and architectural drawing, fully describing the proposed alteration and location, must be attached before the ARB will review the application. In case of an exterior color change, a sample of the new color, along with a description of the existing color, must be submitted. Failure to provide the necessary documentation will only delay the approval process.

**NOTE:** The Architectural Review Board has thirty (30) days from the date a complete application package (including required signatures, plats, sketches, etc.) is received to approve or deny each application. Any application received after the 20<sup>th</sup> of the month could be deferred until the next following ARB meeting (6-8 weeks). Failure to approve or deny the application by the ARB within the allotted time will deem the application as approved and the applicant may proceed with alterations with the understanding that the modification must comply with the standing Covenants, Bylaws, Rules and Regulations and Architectural Guidelines. By signing below, you acknowledge that you are responsible of acquiring all necessary permits from the City of Virginia Beach or Board of Health (for water wells) and if the modification(s), as constructed, differ in any way from those described herein, your approval will not extend to such modification(s).

**ACKNOWLEDGMENT:** Please obtain signatures of all adjacent and/or visually affected neighbors wherever possible. This acknowledgment indicates awareness of intent, not necessary approval or disapproval.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____

**OWNERS/TENANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**\*\*To Be Completed By The Architectural Review Board Only\*\***

THE ABOVE REQUEST HAS BEEN:  APPROVED AS WRITTEN  DENIED DUE TO REASONS BELOW  
 APPROVED WITH CONDITIONS BELOW  DEFERRED - SEE BELOW

**ARB MEMBERS SIGNATURES \_\_\_\_\_ DATE \_\_\_\_\_**