

**Fairfax Station Homeowners Association
Architectural Review Board
Exterior Additions and Alteration Application**

**The Application and supporting documentation is to be submitted to:
First Service
Attention FSHOA ARB
11351 Random Hills Road, suite 500 Fairfax, VA 22030**

Name _____ **Date** _____

Address _____

Email _____ **Telephone** _____

Proposal (Please include drawing, sketches, photos, site plans, color samples, or materials list, copy of the plat (site plan), as well as applicable copies of Fairfax County approvals as necessary, to accurately depict the requested changes for review).

Expected Completion Date (Projects must be completed in one year of approval) _____

Homeowner's Signature _____

The FSHOA ARB generally meets once per month to review applications.

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Application Acknowledgement Form

This section of the application is required and documents the acknowledgement of those property owners who are most affected by a proposed change to neighbor's property, either because they are adjacent or have a view of the applicant's home. Applications that do not have this form completed by all affected neighbors shall be returned.

Name _____ **Date** _____

Address _____

Comments _____

Name _____ **Date** _____

Address _____

Comments _____

Name _____ **Date** _____

Address _____

Comments _____

Name _____ **Date** _____

Address _____

Comments _____

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Architectural Review Board
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Architectural Review Board Action

Application Name _____

The Fairfax Station Homeowners Association Architectural Review Board has:

Approved: _____ **Rejected:** _____

This application with the following comments:

ARB Chair Signature _____ **Date** _____

If your application has been rejected, you have the right to appeal the decision pursuant to the Architectural Guidelines available at www.fshoa-va.com.

ARB Completed Project Inspection

Upon completion of your approved project, please contact the ARB to inspect the work to provide final approval that the exterior addition and/or alterations are consistent with the application submitted and approved. This will be completed within 30 days of notification.

Inspected By _____ **Date** _____

Approved _____ **Rejected** _____

Comments

ARB Chair Signature _____ **Date** _____