

**Loft Ridge
Homeowners
Association, Inc.**

**REQUEST FOR
CHANGE OR ADDITION**

REQUEST # LR-_____

Note: Please submit **3 copies of this form and each additional item** (ex: plat map, diagrams, paint chips, etc.)
A copy reflecting the action taken by the Architectural Control Committee will be returned to you to become
part of your permanent records.

MAIL TO: **Sequoia Management Company, Inc.**
13998 Parkeast Circle
Chantilly, VA 20151-2283

Phone: (703) 803-9641
Fax: (703) 968-0936
E-mail: management@loftridge.com

UNIT OWNER'S NAME: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

UNIT ADDRESS: _____ LOT NO: _____

OWNER'S ADDRESS
IF DIFFERENT _____

3 copies of plan, map, diagrams, paint chips, etc. included? *Change to something that currently exists.*

DESCRIPTION/DIAGRAM OF MODIFICATION REQUEST: (Please include a diagram and description of
modification, sketch or picture if applicable. If more space is needed, please use a separate sheet.)

*I acknowledge and agree that I will be solely liable for any claims including, without limitation, claims for property
damage or personal injury, which result from the requested change or addition. I hereby indemnify the Association
from and against any and all applicable codes and ordinances, and for obtaining all necessary permits and
inspections for the requested change or addition and further that I am responsible for all maintenance, repair and
 upkeep of said change or addition. **I also acknowledge that the ACC has 30 days to act on my request.***

(Date) (Signature of Owner)

ACTION BY THE ARCHITECTURAL CONTROL COMMITTEE

- Visual inspection.
 Approved as requested.
 Approved subject to the following conditions/modifications: _____

Disapproved for the following reasons: Did not include sufficient details, plans, description.

Other: _____

Date delivered to ACC _____ Date returned to management _____

Signature of ACC _____ Date copy returned to homeowner** _____