



**ACKNOWLEDGMENT BY ALL ADJACENT PROPERTY OWNERS IS NEEDED.  
YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS IS PROVIDED.**

Their printed names and signatures (contained below) indicate an awareness of your intent to modify or alter the exterior of your property and do not constitute approval or disapproval. Any neighbor who has a valid concern or objection regarding this application may submit it in writing to:

Great Falls Crossing ARB  
c/o Sequoia Management Company, Inc.  
13998 Parkeast Circle, Chantilly, VA 20151.

1. **NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_
  
2. **NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_
  
3. **NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_
  
4. **NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

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**OWNER'S ACKNOWLEDGEMENT:** I/We understand that:

1. Materials herein contained shall represent alterations which comply with the zoning and building codes of Fairfax County and the Commonwealth of Virginia. Further, nothing herein contained shall be construed as a waiver of modification of such ordinances. The Owner is responsible for obtaining the necessary building permits prior to commencement of construction.
  
2. No work shall commence until written approval from the Architectural Review Board has been received by the Owner. Any construction or exterior alteration before approval of this application is not allowed and if alterations are made, I/we may be required to return the property to its former condition at my /our expense; and that I/we may be required to pay any and all resulting legal expenses incurred.
  
3. Approval is contingent upon all work being completed in a workmanlike manner within six (6) months. Members of the ARB and/or a representative from Sequoia Management Company, Inc. may make a routine inspection at any time during, or subsequent to, construction.

4. This request is subject to restrictions by the Declaration and a review process as established by the Board of Directors. Any variations from the original application must be resubmitted for approval. A copy of this request will be returned to me/us following review by the Architectural Review Board.
  
5. I/We acknowledge and agree that I/we will be solely liable for any claims, including without limitations, claims for property damage or personal injury, which result from the requested addition or modification. I/we hereby indemnify the Great Falls Crossing Community Association Board of Directors, the Architectural Review Board, Sequoia Management Company, Inc. and all employees, agents, or members of these entities from and against any and all such claims. Moreover, I/we accept responsibility for all maintenance, repair and upkeep of said addition or modification.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**ACTION TAKEN BY THE ARCHITECTURAL REVIEW BOARD:**

Date Received by ARB: \_\_\_\_\_

- Approved as Requested.
  
- Approved Subject to the Following Conditions/Modifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- Disapproved for the Following Reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-Mail Notification Given To Homeowner(s) on: \_\_\_\_\_

**GREAT FALLS CROSSING COMMUNITY  
 ASSOCIATION ARCHITECTURAL  
 REVIEW BOARD**

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 duly authorized