BURKE CENTRE CONSERVANCY ARCHITECTURAL REVIEW APPLICATION

1. **OWNER'S NAME:** _____

2. **ADDRESS OF PROPOSED CHANGE(S):** _____

3. **STATEMENT OF PROPOSED CHANGE:** _____

4. **DOES PROPERTY OWNER RESIDE AT A DIFFERENT ADDRESS?** ❑ NO ❑ YES

   If Yes, MAILING ADDRESS OF OWNER: _____

5. **NEIGHBORHOOD AREA:** ❑ Commons ❑ Landings ❑ Oaks ❑ Ponds ❑ Woods

6. **HOME STYLE:** ❑ Single Family ❑ Duplex ❑ Townhouse ❑ Quad

7. **CLUSTER:** _____ **8. PLAT INCLUDED:** ❑ NO ❑ YES

9. **OWNER'S PHONE: (a) EVENING/WKND:** _____ **(b) DAYTIME:** _____

10. **ACKNOWLEDGMENT OF TWO PROPERTY OWNERS (MOST AFFECTED) WHO ARE ADJACENT TO THE PROPERTY AND/OR HAVE A VIEW OF THE PROPOSED CHANGE(S).**

(a) Name:	(d) Name:
(b) Address:	(e) Address:
(c) Signature:	(f) Signature:

Your signature (above) indicates ONLY an awareness of the proposed change and does not mean you give your approval or disapproval. If you have any concerns about this application, contact the Burke Centre Conservancy ARB staff at 703-978-2928 or e-mail: administrator@burkecentre.org.

11. DESCRIPTION OF THE PROPOSED CHANGE(S): INSERT STANDARD # HERE: _____

** Attach additional page if required.*

_____

_____

_____

**********FOR INTERNAL USE BY THE CONSERVANCY STAFF ONLY**********

Receipt of Completed Application: _____ ❑ POAA ❑ Standard Violation

Awareness letter(s) sent to: _____

_____

Cluster Representative: _____ Date: _____

ARB Representative: _____ Date: _____

CLUSTER REVIEW

Recommendation: _____

Signature : _____ Date: _____

ARCHITECTURAL REVIEW BOARD

Remarks: _____

Action: _____

Signature: _____ Date: _____

12. LOCATION OF PROPOSED CHANGE(S): *(Include a description below)*

_____

13. CONSTRUCTION MATERIALS, STYLE, SIZE, AND COLOR:

a) Material #1 style, size, color:_____ ❑ Sample included

b) Material #2 style, size, color:_____ ❑ Sample included

c) Material #3 style, size, color:_____ ❑ Sample included

14. DRAWING AND ILLUSTRATIONS:

a) Plan drawings before and after changes ❑ b) Front/back elevation ❑ c) Side elevation ❑

15. PICTURES AND/OR MANUFACTURER'S LITERATURE:

a) Pictures ❑ b) Manufacturer's literature ❑

16. CHANGES TO LANDSCAPING OR DRAINAGE: ❑ YES ❑ NO **If YES, include a description of the changes*

_____

17. AMOUNT OF TIME REQUESTED TO COMPLETE PROPOSED PROJECT: ****Not to exceed 180 days from approval date***

_____

18. CERTIFICATION: ***(Please read and check each box below:)***

❑ The proposed alteration submitted for approval does not violate any Fairfax County codes.

❑ I understand that I am required to comply with all Fairfax County construction and/or renovation requirements.

❑ I understand and agree that no work on this application shall begin until I have received written approval of the Architectural Review Board (ARB).

❑ I understand that no construction or exterior alteration undertaken by me or on my behalf before approval of this application is allowed. If alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part, and that I may be required to pay all legal expenses incurred.

❑ I understand that members of the Conservancy ARB Staff and Volunteer ARB Members are permitted to enter upon my property at any reasonable time for the purpose of inspecting the proposed project, the project in process, and the completed project, and that such does not constitute a trespass.

❑ I understand that approval is contingent upon construction or alterations being made in a professional manner.

❑ I understand the authority granted by this application will be revoked automatically if the project has not been completed within the 180 days of the approval date of this application or as specified by the ARB.

❑ I understand that when an alteration is permitted to be located in an easement area, it is with the understanding that removal may be required in order to perform maintenance in the easement area, and the Burke Centre Conservancy will not replace such alteration changes.

❑ I certify that nothing (e.g., equipment, deck, fence, addition, planting, tree, landscaping or other improvement) is/will be installed beyond my property line nor encroaches onto the Burke Centre Conservancy or cluster open space and that no part of this requested exterior alteration will encroach onto the open space.

❑ I understand that if any alteration on my property creates an adverse drainage impact to the lot and /or any adjacent property, I may be required to modify my property, at my own expense, to correct the drainage impact.

❑ I certify that I have read and understand the appropriate sections of The Burke Centre Conservancy Architectural Standards and any applicable Cluster Supplemental Standards that pertain to this application and my proposed project.

ANY INCOMPLETE APPLICATION WILL BE RETURNED FOR CLARIFICATION AND/OR COMPLETION. PLEASE CONSULT YOUR BURKE CENTRE ARCHITECTURAL STANDARDS AND ANY APPLICABLE CLUSTER GUIDELINES BEFORE FILING THIS APPLICATION.

The Burke Centre Conservancy ARB staff is available to address any administrative questions, Monday through Friday, 9:00 a.m. to 5:00 p.m., at (703) 978-2928.

_____ _____

SIGNATURE OF THE PROPERTY/HOMEOWNER **DATE**