

**Connemara Woods Homeowners Association  
Architectural Change Request Form**

Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Description of Proposed Alteration, Change, or Replacement:

General Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Materials:

Color: \_\_\_\_\_ Style: \_\_\_\_\_ Type: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Location: (provide drawing or detailed description as applicable)

Additional Information: (list or attach any other relevant information)

**Certification:**

I understand approval of the above changes by the Connemara Woods Homeowners Association Architectural Change Committee or Board of Directors does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and observing all local zoning ordinances. If approved, I agree to make the changes under the terms and conditions specified in the letter of approval. All changes will be on my property or property lines. If any portion of the Association's property is disturbed or damaged by my contractor, agent, or myself, I agree to restore the Association's property to its original condition at my expense.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to:**

Connemara Woods Homeowners Association

Attn: ACC Chair

P.O. Box 1544

Sterling, VA 20167

**Email questions to:** [ACCchair@connemarawoods.org](mailto:ACCchair@connemarawoods.org)