



800 Chimney Hill Parkway  
 Virginia Beach, VA 23462  
 Phone (757) 463-3805 Fax (757) 463-5266

**REQUEST FOR ARCHITECTURAL CHANGE OR MODIFICATION**

Date of Request: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Owner: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Single Family \_\_\_\_\_ Townhome \_\_\_\_\_ **(If Townhome: Please see criteria for vinyl siding)**

Desired Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

√	Type of Modification: (check as appropriate)	Color	Type	Style
	Roof			
	Siding			
	Trim			
	Fascia/Soffit			
	Gutters			
	Fence			
	Other (windows, shed, driveway, doors, patio, etc) Describe:			

Please see the checked items below for what we need to process your request:

- \_\_\_\_\_ Samples of material to be used, piece of shingle, color chart or cards
- \_\_\_\_\_ Illustration/Brochures of replacements such as windows, doors, gutters
- \_\_\_\_\_ Survey showing location of addition/alteration in relation to existing structures
- \_\_\_\_\_ Copy of Virginia Beach Building and/or Zoning Permits
- \_\_\_\_\_ Other \_\_\_\_\_

I understand that I must wait for written approval before beginning the foregoing alteration and that approval by the Architectural Control Committee does not release us of our obligation to ensure that the alteration is in compliance with Building and Zoning Ordinances for the City of Virginia Beach.

**Owner's Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_  
**APPROVED / DISAPPROVED**

**BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup>:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspector Comments:** Please contact the office staff or email the propertyinspector@chimney-hill.net when this modification has been completed for a final closeout inspection. Thank you.

**Permit Number if Required:** \_\_\_\_\_