

THE WOODS OF TABB HOMES ASSOCIATION

ARCHITECTURAL REVIEW REQUEST FORM

Name: _____ **Address:** _____

Email: _____ **Phone:** _____

I hereby acknowledge that the activities described herein will not begin until this request has been reviewed and approved in writing by the Architectural Review Committee or Board of Directors. I understand that it can take up to 30 days for requests to be processed. In addition, I understand that when the project is completed the Association reserves the right to review the completed project to determine whether or not the work was accomplished in accordance with the approved application. Projects found to have deviated from the specifications of the approved request will be cited through the Association’s Covenants Compliance Program. I will notify the WOTHA Architectural Review Committee when the work is finished.

Homeowner Signature: _____ **Date:** _____

To Submit: Send form and attachments to wothapresident@gmail.com or WOTHA ARC, Woods of Tabb Homes Association, PO Box 2186, Poquoson, VA 23662

Project Description: Include description of size, shape, style, color, and building materials to be used. **You must attach a copy of survey plat or drawing indicating the planned location of the proposed project.** You may also include photos or product literature detailing the work to be done. *Use additional pages as necessary.*

IMPORTANT NOTICE TO HOMEOWNER AND ADJOINING NEIGHBORS

Signatures/addresses of adjoining neighbors are required. The purpose of this action is to inform neighbors of the proposed project and encourage a dialogue should there be concerns or objections. **A detailed explanation of objections must be provided to the WOTHA Architectural Review Committee (ARC), within five (5) days. WOTHA ARC can be reached at wothapresident@gmail.com, or the Contact Us form on the WoodsOfTabb.org website.**

Signatures do not indicate approval or disapproval, they simply indicate awareness of the application and potential project.

WOTHA Covenants and By-Laws are the guiding documents for the approval/disapproval of ARC requests.

Signature	Address	Phone Number	Date