

**MASONS PASSAGE HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL FORM**

SUBJECT: Modification, Alterations and Additions

TO: MASONS PASSAGE HOMEOWNERS ASSOCIATION

c/o CHS Community Management
6700 Norview Court
Springfield, Va 22152
703-913-1480

FROM: Name Unit # _____
Address Phone # _____

Approval is requested to make the modification, alteration or addition described and depicted below (or on additional pages, as necessary). Please include such information as dimensions, materials, color, design, location, etc., in sufficient detail to allow a decision.

A HOUSE SURVEY (WITH PROPERTY LINES) IS ALSO REQUIRED. ALL INFORMATION MUST BE INCLUDED FOR THE COMMITTEE TO ACCURATELY REVIEW THE APPLICATION.

It is necessary to show on the land plat where the addition will be made.

DATE RECEIVED:

ARCHITECTURAL COMMITTEE: APPROVED _____ DISAPPROVED _____

NEED MORE INFORMATION _____ SIGNATURE _____

BOARD OF DIRECTORS: APPROVED _____ DISAPPROVED _____

NEED MORE INFORMATION _____ SIGNATURE _____ TITLE _____
