

Date Received by NCC/MOD

## Return form and supporting documents to:

Wyndham Forest Modifications Committee 3901 Westerre Parkway, Suite 100 Richmond, VA 23233

Cond. Approval
Variance Granted for Approval
Disapproved

Questions? Please contact Eric Rosenberg, Board President/Committee Chair, at rosenberg.eric@ymail.com. Architectural Design Standards can be viewed on the TownSq app. Applicants are encouraged to email applications to email@communitygroup.com or fax to 346-8640, attention Kenny Durbin.

## The Wyndham Forest Homeowner's Association, Inc. Application for Approval of Plans for Property Improvement

Date Received		Office Number
Applicant Name  Do you currently own the lot? □ Yes □ No  Address		
		Lot Number
		Email Address
Description of request: (Plea	sse be as specific as possible and use th	be back of this form or attach a separate sheet if necessary.)
<ul> <li>Complete description</li> <li>Floor plan, Elevation,</li> <li>I do, by my signature, um</li> <li>That The Wyndham Facourtesy.</li> <li>That applicable County</li> <li>That all County codes</li> <li>That I assume total restor the improvement is</li> <li>That I will accept total</li> <li>That I will accept total</li> <li>That the Wyndham Formodification is not consafe condition; or 3) the Construction/Modifice</li> <li>I certify that I have rea</li> <li>There is no obligation months, approval will request, at the discretice</li> </ul>	def modification(s) to approximate (photos/drawings) as to construct (photos/drawings).  I derstand and agree to the followings (photos/drawings) Association, as the proposition of the upkeep and in the proposition of the proposition of the part of the Applicant to each of the part of the Applicant to each of the Association. When extreme part of the lot owner's come par	owing: , Inc. has encouraged me to review these plans with the owners adjacent to our home as a re the sole responsibility of the homeowner to obtain.  Ind are the sole responsibility of the homeowner to research.  Inaintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance
Date	**	ant Signature(s)
DO NOT WRITE BELOW THIS LINE - FOR COMMITTEE USE		
Committee Comments:		

Reviewed By

Date Reviewed