

Date received _____

PARKWAY PLACE HOMEOWNERS ASSOCIATION
CHANGE REQUEST FORM – Revised 01/2024

INSTRUCTIONS: Review the Declaration of Covenants, Rules and Restrictions for detailed information concerning permitted alterations which require a completed form. **Completely fill out both sides of the form below and attach any photographs or drawings (if applicable) of the change requested.** Submit this request to the Architectural Review Committee to evaluate the proposed change(s) to:

Stephen Minnix
3803 Parkway Place Drive
Roanoke VA 24018

or to the paper boxes of present Board members: Stephen Minnix at 3803 Parkway Place Drive, Sybil Hayes at 3916 Parkway Place Drive, Gary Baber at 3801 Parkway Place Drive, Karen Hankins at 4038 Overlook Trail Drive or Sue James at 4046 Overlook Trail Drive.

ALLOW 2 WEEKS (10 BUSINESS DAYS) FROM RECEIPT FOR REVIEW: The AR Committee will review your modification request. If the Committee has any questions regarding your request, they will contact you. Contact Stephen if you have any questions regarding this process.

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OWNER'S NAME: _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (W) _____

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PLACE OF ALTERATION: FRONT ___ DECK ___ PATIO ___ BACKYARD ___ OTHER ___

DESCRIPTION OF ATTACHMENTS: _____

DESCRIPTION OF REQUESTED CHANGE: _____

Please attach an additional sheet if more room is needed.

(Over)

ACKNOWLEDGEMENT OF HOMEOWNER: This will confirm that I/we have read the guidelines as they relate to this application and hereby agree to comply with said Covenants, Rules and Restrictions in the change/addition/improvement. I/we further confirm that I/we have read and will comply with all applicable rules and regulations established by the Association concerning the procedures to be followed in undertaking any change/addition/improvement. I/we further agree that I/we will be solely liable for any claims, including without limitation, claims for property damage or personal injury, which result from the requested change/addition/improvement. I/we acknowledge the responsibility for complying with all applicable governmental regulations, codes and ordinances; obtaining all necessary permits and inspections; and contacting Ms. Utility if digging; and indemnify the Parkway Place Homeowners' Association from and against any claim for failure to do so. I/we further acknowledge that I/we are responsible for all maintenance, repair and upkeep of any approved change/addition/improvement.

OWNER(S) SIGNATURE(S): _____ DATE: _____
 _____ DATE: _____

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(To be completed by the Architectural Review Committee Chairperson or his/her designate)

REVIEW ACTION

DATE REVIEWED: _____

REVIEW ACTION:

- ☐ Approved as requested.
- ☐ Approved subject to the conditions noted below.
- ☐ Disapproved for the reasons noted below.

REMARKS: _____

This change request, if approved:

- ☐ Will not affect the homeowner's assessment.
- ☐ Will affect the homeowner's assessment as noted.
 _____ mowing _____ mulching _____ trimming/pruning _____ grass care
 _____ snow removal _____ painting _____ other (specify) _____

Change requests will be forwarded to the BOD if assessment needs revision.

ARCHITECTURAL REVIEW SIGNATURES (2 signatures required --- one being the Chairperson or his/her designate and the other either a member of the Committee or a member of the Board of Directors):

 Signature Title: _____ Date: _____

 Signature Title: _____ Date: _____