Date received	

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

<u>INSTRUCTIONS:</u> 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 Betty Nevin at 3802 Parkway Place 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.				
OWNER'S NAME:				
OWNER'S ADDRESS:				
TELEPHONE NUMBER: (H)	(W)			
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) SIGNA	.TURE(S):	DATE:
		DATE:
(To be compl		ommittee Chairperson or his/her designate)
	REVIEW AC	<u>CTION</u>
DATE REVIEWED	:	-
[ ] App	proved as requested.  proved subject to the conditions noted approved for the reasons noted below	
REMARKS:		
This change request,	, if approved:	
[ ] Will	l not affect the homeowner's assessment affect the homeowner's assessment mowing mulching	
Cha	inge requests will be forwarded to the	e BOD if assessment needs revision.
		tures required one being the Chairperson or ommittee or a member of the Board of Directors):
Signat		Date:
		Date:
Signat	ure	