

**ARCHITECTURAL MODIFICATION REQUEST FORM**  
**KINLOCH PROPERTY OWNERS ASSOCIATION, INC. (KPOA) and Sub-Associations**

This document will become part of the Homeowners contract and must be complied with by any succeeding owners.  
I, \_\_\_\_\_, do hereby request permission to make the following modification to my home at \_\_\_\_\_  
in (name of community) \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

DESCRIPTION OF REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach the following as applicable:**

- Plot Plan with proposed modification(s) to approximate scale with dimensions.
- Complete description (**photos/drawings**) as to construction design, materials (**types & sizes**), and color/finish.
- Floor Plan, Elevation, Section Drawing (i.e. footings).
- Copy of County Building Permit (if applicable).

**I do, by my signature, understand and agree to the following:**

1. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
2. That the modification(s) will not in any way hinder yard care or any other Association maintenance responsibility.
3. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
4. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: 1) the modification is not constructed or installed as per specifications submitted for approval with this form; or 2) the modification is not maintained in a safe condition; or 3) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).

\_\_\_\_\_  
Date Homeowner Signature(s)

Please forward application with all requested documents to the attention of: **Gabe Crouch** by fax 804.346.8640, or email <[gcrouch@communitygroup.com](mailto:gcrouch@communitygroup.com)> or mail to Associa Community Group, 3901 Westerre Parkway, Suite 100, Richmond VA 23233.

\_\_\_\_\_  
Date Received by Association Signature

<input type="checkbox"/> <b>APPROVED</b> by Board of Directors <b>OR</b>	
<input type="checkbox"/> <b>APPROVED with Following Contingencies</b> by Board of Directors:	
_____	
_____	
_____ <b>ARC Signature KPOA</b>	_____ <b>Date Signed</b>
_____ <b>Board Signature Sub Association</b>	_____ <b>Date Signed</b>
<input type="checkbox"/> <b>DISAPPROVED for the following reason(s)</b> by Board of Directors:	
_____	
_____	
_____ <b>Board Signature</b>	_____ <b>Date Signed</b>