

**LAKE FOREST COMMUNITY ASSOCIATION**  
**ARCHTECTORAL REVIEW COMMITTEE**

**APPLICATION FOR EXTERIOR CHANGE**  
(PLEASE PRINT)

LOT NO. \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_ DATE: \_\_\_\_\_  
DAYTIME PHONE NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

The owner requests design approval and grants permission to the Homeowners Association to enter the property to consider this request and inspect during construction and upon completion

APPLICANT SIGNATURE: \_\_\_\_\_  
APPLICANT SIGNATURE: \_\_\_\_\_

(See next page for instructions and information)

NAME OF PROJECT: \_\_\_\_\_  
PROJECT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EST. START DATE: \_\_\_\_\_ EST. COMPLETION DATE: \_\_\_\_\_

**\*\*DO NOT WRITE BELOW THIS LINE\*\***

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Request Approval: \_\_\_\_\_ Review Date: \_\_\_\_\_

\_\_\_\_ Approved as Submitted                      \_\_\_\_\_ Request Denied  
\_\_\_\_ Conditionally Approved (see below)                      \_\_\_\_\_ Other (see below)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architectural Review Committee Members Completing this Review**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions and Information**

Enter name of projects, such as:      Painting                              Deck  
   Addition to House                      Fence  
   Siding                                      Windows

Please supply complete description of Exterior Design Change. Include (as appropriate):  
Sizes, Heights, Locations, Specifications, Materials, Sketches, Paint Chips, Pictures, etc.

Attach a copy of plot plan (received at closing), showing location of requested change.

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Submit this form and all attachments to:

Lake Forest Community Association  
Architectural Review Committee  
9010 Octavia Court  
Springfield, VA 22153

Or email your request to “Contact Us” on our webpage [www.lakeforestcommunity.org](http://www.lakeforestcommunity.org)

Note:

1. The Architectural Control Committee meets on the second Thursday of every month.
2. Applications must be received by the 1st of the month in order to be reviewed that month.

**USE THE AREA BELOW FOR SKETCHES OR ANY OTHER INFORMATION  
APPROPRIATE THE REQUEST (If attachments are provided, use this area for a  
list of the provided attachments.)**

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