

**NEWINGTON COMMUNITY ASSOCIATION**

\*\*\* At Newington Station \*\*\*

P.O. Box 351, Springfield, VA 22150

703-455-3606; Fax 703-455-0013; www.newingtoncommunity.org

**EXTERIOR PROJECT REQUEST FORM**

**Submit form for any exterior addition, alteration, modification or change**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner's Signature (or authorized agent): \_\_\_\_\_

Type of Project (check one)

- Addition**
- Deck or Patio Enclosure**
- Door**
- Exterior Painting Project**
- Fence**
- Gutters/Downspouts**
- Landscaping**
- Other**
- Roof**
- Shed**
- Shutters**
- Siding**
- Walkway**
- Windows**

Description of Above Project:

Colors \_\_\_\_\_ (sample required for all requests)

Size \_\_\_\_\_

Style \_\_\_\_\_ (pictures preferred)

Materials \_\_\_\_\_

Area of house/yard where project is being done. If necessary, include a sketch or site plan with home location and indicate where the alteration will be located on the property.

**NOTE:** Deck Projects/Additions - Neighbors must be informed. Provide plans that will be submitted for Fairfax County building permit.

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Consult NCA Architectural Standards for existing policies. Applicant is solely responsible for obtaining Fairfax County building permits and adhering to Fairfax County codes as they relate to drainage, etc.**

Please mail this request to the above address. Enclose a stamped, self-addressed envelope. A copy of this request will be **returned to you within 30 days** of NCA receiving this form. Wait for a reply before buying materials or starting any project.

----- office use only -----

**ARCHITECTURAL REVIEW ACTION**

Advisory Committee:

Date received: \_\_\_\_\_

Date of action: \_\_\_\_\_

Holding for additional info.: \_\_\_\_\_

Forwarded date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Chairperson: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Control Committee:

Date received: \_\_\_\_\_

Date of action: \_\_\_\_\_

Date returned: \_\_\_\_\_

Request is: Approved/Disapproved\*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(NCA Board President ) (date)

\_\_\_\_\_  
(NCA Board Vice Pres.) (date)

\_\_\_\_\_  
(NCA Board Secretary) (date)