

**Exhibit A: ELECTRIC VEHICLE CHARGING STATION APPLICATION FORM**

Please fill out Parts I, II and III in their entirety and include all supporting material.

**Part I: Applicant Information:**

Name of Lot Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Part II: Contractor Information:**

Name of Contractor: \_\_\_\_\_  
Point of Contact/Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Supporting Documentation:

- Plans and Drawings
- Copy of Contract meeting the Association’s requirements
- Contractor’s License
- Contractor’s Certificate of Insurance

**Part III: Signatures: *Please sign and date below.***

By signing below, I/we agree to all terms and conditions of approval and the requirements of Policy Resolution No. 2023-01, which is made a part of and incorporated herein by reference. I/we are responsible for compliance with all of the Ordinances of the Fairfax County. I/We are responsible for obtaining all necessary permits prior to commencement of installation. No work shall commence until written approval from the Association has been received by me/us. This request is subject to restrictions established in the Association covenants and a review process as established by the Board of Directors. Variations from the terms of approval are prohibited. I/we need to resubmit another application for approval if I /we intend to vary from the terms of any approval that I/we receive.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

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

**Part IV: Submit Completed Application:**

1. By in-person delivery or first-class mail: NCA Office, PO Box 351, Springfield, VA 22150 OR Summit Mgmt, 8405A Richmond Highway, Alexandria, Virginia 22309
2. By Email: [Manager@newingtoncommunity.org](mailto:Manager@newingtoncommunity.org)

MANAGEMENT OFFICE:	Date received: _____	Forwarded Date: _____
Comments: _____		
ARCHITECTURAL CONTROL COMMITTEE:		
_____	Approved/Disapproved	Comments: _____
(NCA Board President) (date)		_____
_____	Approved/Disapproved	Comments: _____
(NCA Board Vice Pres.) (date)		_____
_____	Approved/Disapproved	Comments: _____
(NCA Board Secretary) (date)		_____