

MASONS PASSAGE HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL FORM

SUBJECT: Modification, Alterations and Additions

TO: MASONS PASSAGE HOMEOWNERS ASSOCIATION

C/O Koger Management Group

4105 Rust Rd

Fairfax, VA 22030

Phone: 571-432-5770

Fax: 571-432-5789

FROM: Name Unit # _____

Address Phone # _____

Approval is requested to make the modification, alteration or addition described and depicted below (or on additional pages, as necessary). Please include such information as dimensions, materials, color, design, location, etc., in sufficient detail to allow a decision. **A HOUSE SURVEY (WITH PROPERTY LINES) IS ALSO REQUIRED. ALL INFORMATION MUST BE INCLUDED FOR THE COMMITTEE TO ACCURATELY REVIEW THE APPLICATION.**

It is necessary to show on the land plat where the addition will be made.

DATE RECEIVED:

ARCHITECTURAL COMMITTEE: APPROVED _____ DISAPPROVED _____

NEED MORE INFORMATION _____ SIGNATURE _____

BOARD OF DIRECTORS: APPROVED DISAPPROVED _____

NEED MORE INFORMATION _____ SIGNATURE _____ TITLE _____