REQUEST FOR ARCHITECTURAL CHANGE APPROVAL

Submit to:

sommervillebod@gmail.com or Sommerville Owners' Association, P.O. Box 9, Seaford, VA 23696

Owner's Name: _____ Date: _____/_____/____

Property Address: _____

Phone #: _____ e-Mail: _____

Type of Change: _____

Requested Start Date: _____/_____/_____

Architectural Review Board (ARB) approval is required before any work begins.
Incomplete requests will be returned as unapproved.

Your request must include:

- This completed form with signature;
- A detailed description of the requested change;
- A copy of your property plat (available from https://www.yorkcounty.gov/616/GIS-Mapping) showing:
  - The exact location of the proposed change or addition;
  - The distance to your property lines from the proposed change or addition;
  - The dimensions of relevant surrounding features.
- A reasonably accurate rendering showing:
  - Style (manufacturer or product brochures are strongly recommended and useful);
  - Dimensions of the change or addition (either your drawings or the contractor's plans);
  - Description and sizes of materials/change/addition;
  - All colors.
- A request to deviate from existing home exterior colors must include color samples.

Important Considerations:

- No work shall begin before receipt of approval by the ARB.
- Construction must meet all zoning, building codes, and laws of the County. **The homeowner is solely responsible for obtaining required permits *before* work begins. The Association cannot and will not assume any responsibility or liability for work done that is noncompliant with all County codes & laws.** For more information, the homeowner(s) should call York County Division of Building Safety at 757-890-3522.
- Where applicable, the homeowner is solely responsible for marking utility and communications easements before any work commences. The homeowner is required and responsible to call *Ms. Utility* at 800-552-7001.
- The homeowner is responsible for keeping the construction site orderly and debris removed.
- Work shall be started within 30 days of the ARB approval or within 30 days of an alternate start date indicated and approved on this form. Work shall be completed within 60 days after it has begun.
- Misrepresentation of any items on this form, either written or oral, will void approval.

By signing this form, I agree to the following:

- I/we have read all Covenant guidelines that apply to this request and will abide by them.
- I/we understand that if I/we deviate from that which was approved by the ARB, that I/we will be held liable to correct such deviation so as to adhere to the approved request and Covenants at my/our cost.
- That my/our work will be required to pass an ARB and/or Board final visual inspection.

Owner's Signature: _____ Date: _____/_____/_____

ARB action:

Date request was received: _____/_____/_____

Approved as submitted.

Approved with required changes: _____

Disapproved for the following reasons: _____

_____

ARB Chairman's Signature: _____ Date: _____/_____/_____

Form Revised 7/7/2026