

**DALE CITY 4TH HOMEOWNERS ASSOCIATION, INC.**  
**Architectural Control Committee Home Project Approval Application**

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

Lot# and/or Property Address: \_\_\_\_\_

Mailing Address (If different from Property Address): \_\_\_\_\_

Name of Unit Owner (Applicant): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Description of Proposed Improvement/Modification:

*Please list **ALL** materials to be used, type, color, size, dimensions, etc.*

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

*All applications must be accompanied by sketch, drawing, photographs or plat indicating location, size, and type of construction, a copy of all necessary permits, and other pertinent information regarding your proposed improvement/modification. If your project requires a contractor's license and insurance certificates, please include those as well.*

*All application requests must be in compliance with all Association Rules and Regulations, county codes, and county regulations. Failure to comply will result in "non-compliance" and will need to be corrected without considerations to when the project was completed.*

*All projects must be completed within six (6) months of the approval date, otherwise, you must re-submit an application. The Board, or its designated committee must approve or disapprove an application within ninety (90) days after said application has been submitted (Declaration of CC&Rs, Article IX, Section 1).*

**I hereby certify that the information I have provided is accurate to the best of my knowledge. I certify that, once approved, I shall construct the proposed improvement/modification according to the approved plans and specifications. Furthermore, I hereby certify that I have read and understand the governing documents of Dale City 4th HOA as they pertain to the Architectural Rules and Regulations. Permission is hereby granted to members of Dale City 4th HOA, and its authorized representatives, to enter onto my property as necessary to review the proposed project.**

**Owner (Applicant) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit application to Cavalier Management, Inc. by Mail: P.O. Box 370, Dumfries, VA 22026,  
Fax: 703-441-0541, or Email: jilliancavaliermgmt@gmail.com

(FOR ARCHITECTURAL CONTROL COMMITTEE)

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

Approved as submitted

Action in lieu of a formal meeting

Approved with the following stipulations:

Action by meeting of the ACC

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

Denied

DATE APPROVED/DENIED: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_