

**BEXLEY WEST**

**ARCHITECTURAL CONTROL COMMITTEE**

**APPLICATION FOR HOME IMPROVEMENT APPROVAL – Window Replacement / Addition**

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

Property Owner: \_\_\_\_\_

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

Telephone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Improvement Project: **Replacement Window / New Window Addition - please circle which project**

Construction Schedule: Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Which Windows are to be replaced: \_\_\_\_\_

Window type (Must match existing Windows if partial replacement); \_\_\_\_\_

Window MATERIAL TYPE (i.e. Vinyl, Wood, Metal, etc.): \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

Window Color: \_\_\_\_\_

**Sketch for layout: attach a plan showing exact Window location with dimensions. Include picture or manufacturer data sheet to help the ACC understand what the window looks like.**

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SIGN BELOW, THIS AREA IS FOR ACC USE ONLY**

Date Application Received: \_\_\_\_\_ By (ACC member): \_\_\_\_\_

Application is:

☐ Approved as submitted

☐ Not Approved

☐ Approved with changes indicated

☐ Preliminary Review -

☐ Additional information is required prior to completing the review process.\*

\*Please provide the ACC with the following so that we may complete the review of your project:

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

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

(For the Architectural Control Committee)

Approval is limited to design criteria established by the Architectural Control Committee and **should not** be interpreted as approval of any variation from restrictions or conditions imposed on the property owner by the Bexley West Covenants or Chesterfield County. Approval of this shed application does not necessarily imply compliance with county zoning requirements.