

**BEXLEY WEST**

**ARCHITECTURAL CONTROL COMMITTEE**

**APPLICATION FOR HOME IMPROVEMENT APPROVAL – Deck, Storage Shed, or Porch addition**

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

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

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

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

Improvement Project: **Deck**      **Storage Shed**      **Porch Addition** -      **please circle which project**

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

DECK / SHED / PORCH DIMENSIONS (L x W x H):

\_\_\_\_\_

Roof material (Must match house roof); \_\_\_\_\_

DECK or SIDING MATERIAL TYPE (i.e. Trex, cedar, Hardie-Plank, Brick, treated lumber, etc.): \_\_\_\_\_

MANUFACTURER (if applicable): \_\_\_\_\_

DECK / SIDING / **COLOR** (Siding **MUST MATCH HOUSE**): \_\_\_\_\_

**Sketch for layout: attach a plot plan showing exact deck, shed or porch location with dimensions relative to house and property lines. Include picture of shed if it is a purchased unit. Include sketch or plans for shed or porch if to be built on-site.**

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.