

**P.3. BURKE CENTRE CONSERVANCY - ARCHITECTURAL REVIEW APPLICATION**

- 1. OWNER'S NAME: \_\_\_\_\_
- 2. EMAIL ADDRESS: \_\_\_\_\_
- 3. ADDRESS OF PROPOSED MODIFICATION(S): \_\_\_\_\_
- 4. OWNER'S PRIMARY PHONE: \_\_\_\_\_
- 5. SUMMARY OF PROPOSED MODIFICATION(S): \_\_\_\_\_
- 6. LOCATION OF PROPOSED CHANGE:  Front of House  Back of House  Side of House  
 Front Yard  Back Yard  Side Yard  Other (please describe): \_\_\_\_\_
- 7. PROPERTY TYPE:  Single Family  Duplex  Townhome  Quad  
 Condominium  Non-residential  Other

**8. DESCRIPTION OF PROPOSED MODIFICATION(S) (Include descriptions of materials, styles, dimensions and colors):**

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**9. Description of current condition of proposed area or element for modification (material, style, dimension, color...):**

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- 10. REQUIRED: Photo(s) of Proposed Location and Dwelling Included:  YES
- 11. Physical Sample(s) Included:  NO  YES
- 12. Plan Drawings Before and After Modifications Included:  Front/back elevation  Side elevation
- 13. Changes to Landscaping or Drainage:  YES  NO \*If YES, plans must be included in the application
- 14. Property Plat Included:  NO  YES
- 15. Product Pictures AND/OR Manufacture's Literature Included: Pictures  Manufacturer's literature

**15. REQUIRED:** Acknowledgement from residents of TWO properties that are adjacent to the applicant's property (Reference P.1.).

(a) Name:	(d) Name:
(b) Address:	(e) Address:
(c) Signature:	(f) Signature:

Your signature (above) indicates **ONLY an awareness of the proposed change and does not mean you give your approval or disapproval. If you have any concerns about this application, contact the Burke Centre Conservancy CS-ARB Coordinator at 703-978-2928 or e-mail: [arbapplications@burkecentre.org](mailto:arbapplications@burkecentre.org).**

**16. Certification (Read each statement below):**

**I understand the following:**

- a) I am responsible for ensuring that the modification does not violate any applicable Fairfax County codes or Resource Protection Area (RPA) guidelines.
- b) I am required to comply with all Fairfax County construction and/or renovation requirements.
- c) No construction or exterior modification may be undertaken by me or on my behalf prior to approval of this application.
- d) If modifications have been made without an approved application, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part, and that I may be required to pay all legal expenses incurred.
- e) **Members of the Conservancy CS-ARB Staff and Volunteer ARB Members are permitted to enter upon my property at any reasonable time for the purpose of inspecting the proposed project, the project in process, and the completed project, and that such does not constitute a trespass.**
- f) Approval is contingent upon construction or modifications being done in a professional manner.
- g) The authority granted by this application will be revoked automatically if the project has not been completed within the 180 days of the approval date of this application or as specified by the ARB.
- h) When a modification is permitted to be located in an easement area, it is with the understanding that removal may be required in order to perform maintenance in the easement area, and the Burke Centre Conservancy will not be responsible for modification replacement.
- i) If any modification on my property creates an adverse drainage impact to the lot and /or any adjacent property, I may be required to modify my property, at my own expense, to correct the adverse drainage impact.

**I certify the following:**

- j) Nothing (e.g., equipment, deck, fence, addition, planting, tree, landscaping or other improvement) is/will be installed beyond my property line and that no part of this requested exterior modification will encroach onto Burke Centre Conservancy or cluster open space.
- k) I have read and understand the appropriate sections of The Burke Centre Conservancy Architectural Standards and any applicable Cluster Supplemental Standards that pertain to this application and my proposed modification(s).

**ANY INCOMPLETE APPLICATION WILL BE RETURNED FOR CLARIFICATION AND/OR COMPLETION. PLEASE CONSULT YOUR BURKE CENTRE ARCHITECTURAL STANDARDS AND ANY APPLICABLE CLUSTER GUIDELINES BEFORE FILING THIS APPLICATION.**

**The signature of the property owner constitutes acknowledgement and agreement to the above statements.**

\_\_\_\_\_  
SIGNATURE OF THE PROPERTY OWNER

\_\_\_\_\_  
DATE

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**NON-RESIDENTIAL PROPERTY:**

- l) I understand that I am required to comply with all Fairfax County Zoning Ordinances and be in conformance with the Fairfax County Comprehensive plan.

**The signature of the primary lease holder or property/legal representative constitutes acknowledgement and agreement to the above statements.**

\_\_\_\_\_  
SIGNATURE OF THE PRIMARY LEASE HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF THE PROPERTY/LEGAL REPRESENTATIVE

\_\_\_\_\_  
DATE

\*\*\*\*\***FOR INTERNAL USE BY THE CONSERVANCY STAFF ONLY**\*\*\*\*\*

Date of acceptance: \_\_\_\_\_

Cluster Name and Representative: \_\_\_\_\_

Recommendation: \_\_\_\_\_

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

ARB Representative: \_\_\_\_\_

Remarks: \_\_\_\_\_

Action: \_\_\_\_\_

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