

## P. Architectural Review Application and Open Space Addendum

### P.1. HOW TO COMPLETE THE ARCHITECTURAL REVIEW APPLICATION FORM

#	NAME OF THE ITEM	HOW TO FILL IN THE BLANK
1	Owner's Name / Email	Enter the name of the owner of the property (non-residential may be primary leasee or operating principal (public/non-profit). Enter the owners email address.
2	Address	Write the full street address of the property.
3	Owner's Address if different	√ Check box as applicable. Write the full mailing address where the owner resides, including the zip code.
4	Phone Numbers	Write the property owner's daytime, evening/weekend and/or cell phone numbers.
5	Statement	In six (6) or fewer words, state the change(s) to your property. <i>Examples: siding and roof; build a deck; install a swing set; add a new family room; replace the windows; etc.</i>
6	Location of Proposed change	Mark one box as applicable from the following options: <input type="checkbox"/> Front of house <input type="checkbox"/> Back of house <input type="checkbox"/> Side of house <input type="checkbox"/> Front yard <input type="checkbox"/> Back yard <input type="checkbox"/> Side yard <input type="checkbox"/> Other:
7	Neighborhood Area	√ Check one box where the property is located. <i>Example: Ponds, Oaks, Commons, Woods, Landings</i>
8	Property Type	Mark one box as applicable from the following options: <input type="checkbox"/> <u>Single Family detached</u> : not connected to other homes. <input type="checkbox"/> <u>Duplex</u> : (2) homes are connected by one common wall. <input type="checkbox"/> <u>Townhouse</u> : connected to a row of other homes (see drawing in N.6). <input type="checkbox"/> <u>Quad</u> : (4) homes are configured in a square. <input type="checkbox"/> <u>Non-residential</u> : with a property that the primary purpose is not living space (e.g. commercial ) <input type="checkbox"/> <u>Condominium</u> <input type="checkbox"/> <u>Other</u> :
9	Description	Write a description of the alteration, modification or addition. <i>Examples: 4" vinyl siding; install a 3 x 12' flagstone walkway from my front step to the driveway. Attach additional sheet if needed.</i>
10	Construction Materials	Materials, style, size, color with sample included.
11	Drawings and Illustrations	<b>REQUIRED</b> for any major modification to your home, including additions, decks, fences, porches, sheds, etc. <input type="checkbox"/> Mark the box next to the types of plan drawings that are being included in your application: front/back elevations or side elevations
12	Landscaping and Drainage	<input type="checkbox"/> Mark the box next to YES if the change to your property includes landscaping or drainage and what the exact change will be. <input type="checkbox"/> Mark the box next to NO if no changes are anticipated.
13	Plat	Location map / survey that identifies your property lines, most often found in the documents at settlement.
14	Pictures and Literature	<b>REQUIRED</b> for any modification. <input type="checkbox"/> Mark the box next to pictures and/or manufacturer's literature when examples are submitted.
15	Time	Note the amount of time needed to complete all the work on the proposed project once the application is approved. Time frame will begin the day the application is approved. Mark one box as applicable for the following options. <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> 180 days

16	Neighbors Most Affected (Residential applications only)	(a) Write the names of two (2) neighbors most affected by the change to your property. (b) Write the street address of these neighbors. (Quads need three addresses and signatures from same building, if possible.) (c) Have your neighbors sign their names. Submit an additional sheet attached to the application if additional signatures are required.
17	Certification	Read all the items listed. Sign and date application.

**P.2. HOW TO COMPLETE THE OPEN SPACE ADDENDUM APPLICATION FORM**

#	NAME OF THE ITEM	HOW TO FILL IN THE BLANK
18	Cluster Name / Cluster Chair (POC)	Enter the name of the Cluster and the Cluster Chair or the Person of Contact for the application.
19	Phone Number / Email	Write the daytime phone number and email address.
20	Location of Proposed change	Mark one box as applicable from the following options: <input type="checkbox"/> Cluster Open Space <input type="checkbox"/> Conservancy Open Space
21	Funding Source Funding Approval	Mark one box as applicable from the following options: <input type="checkbox"/> Yes <input type="checkbox"/> No Mark one box as applicable from the following options: <input type="checkbox"/> Cluster Trustee <input type="checkbox"/> BOT
22	Long Term Maintenance	Mark one box as applicable from the following options: <input type="checkbox"/> Yes <input type="checkbox"/> No Write the name the funding source: List the maintenance requirements and the responsible entity.
23	Cluster Recommendation	List the number of Cluster Votes: _____ Yes Votes    _____ No Votes Date of Cluster Meeting (Month/Day/Year): _____
24	Other Acknowledgments	a) Name of Neighborhood and Date of Neighborhood Council Meeting the application was discussed. b) Acknowledgment Signature of Neighborhood Trustee c) Write the name of the Most affected clusters/homeowners in the area and have them sign their name.
25	Certification	Read all the items listed. Sign and date application.

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

OPEN SPACE ADDENDUM – PLEASE CHECK HERE.

1. OWNER’S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. ADDRESS OF PROPOSED CHANGE(S): \_\_\_\_\_

3. DOES PROPERTY OWNER RESIDE AT A DIFFERENT ADDRESS?  NO  YES

If Yes, MAILING ADDRESS OF OWNER: \_\_\_\_\_

4. OWNER’S PHONE: (a) EVENING/WKND: \_\_\_\_\_ (b) DAYTIME: \_\_\_\_\_

5. STATEMENT OF PROPOSED CHANGE: \_\_\_\_\_

6. LOCATION OF PROPOSED CHANGE:  Front of House  Back of House  Side of House  
 Front Yard  Back Yard  Side Yard  Other (please describe): \_\_\_\_\_

7. NEIGHBORHOOD:  Commons  Landings  Oaks  Ponds  Woods

8. PROPERTY TYPE:  Single Family  Duplex  Townhouse  Quad  
 Condominium  Non-residential  Other

9. DESCRIPTION OF THE PROPOSED CHANGE: \_\_\_\_\_ ARB STANDARD(S) #: \_\_\_\_\_

**10. CONSTRUCTION MATERIALS, STYLE, SIZE, AND COLOR:**

a) Material #1 style, size, color: \_\_\_\_\_  Sample included

b) Material #2 style, size, color: \_\_\_\_\_  Sample included

c) Material #3 style, size, color: \_\_\_\_\_  Sample included

11. Plan drawings before and after changes  Front/back elevation  Side elevation

12. CHANGES TO LANDSCAPING OR DRAINAGE:  YES  NO \*If YES, include a description of the changes

13. PLAT INCLUDED  NO  YES

14. PICTURES AND/OR MANUFACTURER’S LITERATURE: Pictures  Manufacturer’s literature

**15. AMOUNT OF TIME REQUESTED TO COMPLETE PROPOSED PROJECT: \*Not to exceed 180 days from approval date**

30 days  60 days  90 days  120 days  180days

**16. ACKNOWLEDGMENT OF TWO PROPERTY OWNERS (MOST AFFECTED) WHO ARE ADJACENT TO THE PROPERTY AND/OR HAVE A VIEW OF THE PROPOSED CHANGE(S).**

(a) Name:	(d) Name:
(b) Address:	(e) Address:
(c) Signature:	(f) Signature:
(g) [ ] Initial here to comment before approval.	(h) [ ] Initial here to comment before approval.

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: [administration@burkecentre.org](mailto:administration@burkecentre.org).

**17. CERTIFICATION: (Please read and check each box below:)**

**I understand the following:**

- The proposed alteration submitted for approval does not violate any Fairfax County codes.
- I am required to comply with all Fairfax County construction and/or renovation requirements.
- No construction or exterior alteration undertaken by me or on my behalf before approval of this application is allowed. If alterations are made, 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.
- 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.**
- Approval is contingent upon construction or alterations being made in a professional manner.
- 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.
- When an alteration 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 replace such alteration changes.
- If any alteration 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 drainage impact.

**I certify the following:**

- 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 alteration will encroach onto Burke Centre Conservancy or cluster open space.
- 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 project.

**Non-Residential:**

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

**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 Burke Centre Conservancy CS-ARB staff is available to address any administrative questions, Monday through Friday, 9:00 a.m. to 5:00 p.m., at (703) 978-2928.

\_\_\_\_\_  
SIGNATURE OF THE PROPERTY HOMEOWNER

\_\_\_\_\_  
DATE

\*\*\*\*\*

I understand and agree that no work on this application shall begin until I have received written approval of the Architectural Review Board (ARB).

**NON-RESIDENTIAL PROPERTY:**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

Receipt of Completed Application: _____	
Awareness letter(s) sent to: _____	
Cluster Name and Representative: _____	Date: _____
Recommendation: _____	
Signature: _____	Date: _____
ARB Representative: _____	Date: _____
Remarks: _____	
Action: _____	
Signature: _____	Date: _____

**P.4 BURKE CENTRE CONSERVANCY - OPEN SPACE ADDENDUM**

18. CLUSTER NAME: \_\_\_\_\_ 18. CLUSTER CHAIR/POC: \_\_\_\_\_

19 (a). CLUSTER POC PHONE #: \_\_\_\_\_ 19 (b). Cluster POC EMAIL: \_\_\_\_\_

20. LOCATION OF PROPOSED CHANGE:  Cluster Open Space  Conservancy Open Space

21. FUNDING: Funding Source Identified  YES  NO FUNDING SOURCE \_\_\_\_\_  
 FUNDING ALLOCATION APPROVED BY  CLUSTER  TRUSTEE  BOT (For Conservancy Open Space)

22. LONG-TERM MAINTENANCE REQUIREMENTS AND RESPONSIBILITY IDENTIFIED AND FUNDED:  YES  NO

Requirements: \_\_\_\_\_

Responsible entity: \_\_\_\_\_

23. CLUSTER RECOMMENDATION: \_\_\_\_\_ YES VOTES \_\_\_\_\_ NO VOTES DATE: \_\_\_\_\_

**24. OTHER ACKNOWLEDGEMENTS:**

(a) NEIGHBORHOOD COUNCIL MEETING: Council: \_\_\_\_\_ DISCUSSED Date: \_\_\_\_\_

(b) NEIGHBORHOOD TRUSTEES SIGNATURE(S) \_\_\_\_\_ Date: \_\_\_\_\_

**(c) ACKNOWLEDGMENT OF TWO MOST AFFECTED HOMEOWNERS/CLUSTER(S) IN THE AREA OF THE PROPOSED CHANGE (S) AND/ OR HAVE A VIEW OF THE PROPOSED CHANGE (S).**

(a) Cluster:	(a) Cluster:
(c) Signature:	(c) Signature:
(d) Comment Attached <input type="checkbox"/> YES <input type="checkbox"/> NO	(d) Comment Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
(e) [ ] Initial here to comment before approval.	(e) [ ] Initial here to comment before approval.

**CLUSTER: IF YOU DISAPPROVE, YOUR REASON/JUSTIFICATION MUST BE ATTACHED TO THIS FORM.**

**25. CERTIFICATION: (Please read and check each box below)**

- The proposed alteration submitted for approval does not violate any Fairfax County codes or Resource Protection Area (RPA) guidelines.
- Description of the proposed change has been submitted by the applicant to the Conservator no less than 30 or greater than 60 days prior to processing the application to allow for Public Notice period.
- All residents affected by this application have been notified of the pending application and allowed the opportunity to address the Neighborhood Council of their support or concerns.
- I/We understand that I/we shall meet Fairfax County construction and/or renovation requirements.
- I/We understand and agree that no work on this application shall begin until receipt of written approval of the Open Space Committee, Board of Trustees and Architectural Review Board.
- I/We understand that no construction or exterior alteration by the submitter or on behalf of the Cluster prior to approval of this application is allowed. If alterations are made prior to application approval, and the application is disapproved wholly or in part, I/we understand what I/we will be required to return the open space property to its former condition at our own expense, and that I/we may be required to pay all legal expenses incurred.
- I/We understand that members of the Conservancy Staff, ARB and Open Space members are permitted to enter this and adjacent 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.
- I/We understand that approval is contingent upon construction or alterations being made in a professional manner.

- I/We understand the authority granted by this application will be revoked automatically if the project has not been completed within 180 days of the approval date of this application or as modified or specified by the BOT. If a project is required to take longer than 180 days to complete, special approval by the BOT must be requested and obtained in advance of commencing of the project.
- I/We understand that when the alteration 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 replace such alteration changes.
- I/We certify that nothing (e.g. equipment, plantings, trees, landscaping changes or other improvement) is/will be installed beyond Burke Centre Conservancy or Cluster Open Space including into adjacent residential or commercial property.
- I/We understand that if any alteration creates an adverse drainage impact to the lot and/or any adjacent property, I/we may be required to modify the property, at our expense, to correct the drainage impact.
- I/We certify that I/We have read and will comply with the appropriate sections of the Burke Centre Conservancy. Architectural Standards and any applicable Conservancy and Cluster Supplemental Standards, and any applicable RPA and/or Fairfax County Code and Regulations that pertain to this application and the proposed project.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/ CLUSTER CHAIR/POC

\_\_\_\_\_  
DATE

\*\*\*\*\* FOR INTERNAL USE ONLY \*\*\*\*\*

<b>Receipt of Completed Application:</b> _____	
<b>Open Space Committee:</b> _____	Date: _____
Recommendation: _____	
Action: _____	
Signature: _____	Date: _____
<b>Board of Trustees</b>	
Remarks: _____	
Action: _____	
Signature: _____	Date: _____