BURKE CENTRE CONSERVANCY RESALE CERTIFICATE REQUEST FORM

OWNER'S NAME(S):			
PROPERTY ADDRESS:			
OWNER'S ADDRESS (if differen	t)		
CITY:		STATE:	ZIP:
OWNER'S HOME PHONE:		OWNER'S W	VORK PHONE:
			DOG ON PREMISES: Y / N
SETTLEMENT AGENT ADDRE	SS:		
PHONE:		DATE OF SET	TLEMENT:
	HOME PHONE:		
days of receipt of this request. Enclosed is a check in the amount of \$ I hereby do / do not (circle one) certify the of Covenants, Conditions and Restrictions	payable to the Burke Ce nat any improvements or alteration s, the Bylaws and Architectural G	ntre Conservancy for pr s made to the lot are no uidelines adopted by t	ot in violation of the Conservancy documents including the Declaratio
Burke Centre Conservancy would not waive			
I hereby designateidentification is presented) pursuant to Section 55-512A of the Act.		(name) as my author	orized agent to receive this Resale Certificate on my behalf (once proper
FEE: \$422.00 total, Condomini \$211.00 for preparation and delivery of form. \$141.00 for inspection of the unit as receptificate. (CONDO EXEMPT) \$70.00 post-closing fee charged to the precords of the Conservancy.	the resale certificate in paper juired to prepare the resale	Signature of (Owner
Payment must accompany this request. Re Parkway, Burke, VA 22015.	equests for Resale Certificates sh	nould be sent to or dre	opped off at the Burke Centre Conservancy, 6060 Burke Centre
	(for	office use only)	
DATE REQUEST RECEIVED:			
CERTIFICATE NO:	RECEIPT WRITTEN:		ROUTING SLIP WRITTEN:
NOTIFIED:	RECEIVED BY:		