

**MOSBY MOUNTAIN COMMUNITY ASSOCIATION ARCHITECTURAL REVIEW BOARD (MMCA-ARB)  
REQUEST FOR APPROVAL OF IMPROVEMENTS**

*Note: there are two ways you can fill in this form. If you are viewing it on your computer screen, you can enter the items directly from your keyboard. Use the "Tab" key to move from field to field (please do not hit "Enter" or "Return" because that will throw off the field alignments). If at first the form does not respond, right click with your mouse anywhere on the form and then the first field ("Name") should be activated. When you have completed the form, print it out and then follow the procedure outlined below. If you are not viewing the form on your computer screen, but rather you have a paper form, just fill it out by hand and then follow the procedures outlined below.*

Complete this form and send it along with documentation to support your request (diagrams, dimensions & drawings) to: MMCA ARB Chair Ken Garrison, 1371 Singleton Lane, Charlottesville, VA 22903, or e-mail to: [Kgarrison@hcca.net](mailto:Kgarrison@hcca.net)  
You will receive confirmation of your submission. Upon completion of the review, you will be notified in writing of the decision of the Mosby Mountain Architectural Review Board with copies of all documentation for your records. **PLEASE ALLOW UP TO 30 DAYS TO PROCESS YOUR APPLICATION.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Lot #: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

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

Estimated start date: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Contractor name: \_\_\_\_\_

Description of your proposed improvements: \_\_\_\_\_

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

Color brand & number and date to be painted by: \_\_\_\_\_

\_\_\_\_\_

List all neighbors including those across and behind you. Discuss your proposal with them. Obtain their initials that

you have discussed the application and reviewed your plan including materials, colors and exact location.

**Neighbors:** initialing below does not indicate your approval, but does acknowledge that you have been informed. You are encouraged to contact the MM-ARB if you have concerns about the plan.

<u>Neighbors</u>	<u>Addresses</u>	<u>Initials</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

As a resident of Mosby Mountain, I have reviewed the applicable sections of the Covenants and Restrictions prior to submission of this request. Furthermore, I permit members of the Mosby Mountain Community Association Architectural Review Board and their agents to reasonable access of my property for purposes related to the processing of this request.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY MEMBERS OF THE MMCA-ARB**

I have reviewed the plan including materials, location, paint color (name/number, sample) and completion date and have conducted a site visit.

<b>ARB members</b>	<b>ARB members' signatures</b>	<b>Date</b>
1. <u>Ken Garrison, Chair</u>	_____	_____
2. <u>Shawn Brydge</u>	_____	_____
3. <u>Suzanne Waters</u>	_____	_____