

Date Submitted: Prop	oosed Project Completion Date:		
Applicant Name:		Lot No.	
Address:		<u> </u>	
Mailing Address (if differ	ent):		
Daytime Phone:	Evening Phone:	Email:	
	Proposed	Change(s):	
O Deck (attached)	O Landscaping	g O Storm door	
O Deck (detached)	O Shed	O Windows	
O Exterior Painting	O Shutters	O Other (Specify):	
O Fence	O Security do		
	Description of Proj	ject or Improvement:	
	ion available to facilitate ACC approva	al, to include: brochures, diagrams, survey plans, paint and	
color chips, and woo	d type or stain colors. Please permit 3	30 days for approval.	
Send form to:	Hayfield View HOA c/o Capitol Property Management 3914 Centreville Rd., Ste. 300 Centreville, VA 20151 Phone: 703-707-6404, Fax: 703-707-6401 Email: caguirre@capitolcorp.com		
	For ACC and Prope	erty Manager Use Only	
Date received:		Date approved:	
Date returned to Property Manager:		Date denied:	
ACC Chair signature and date		Date returned to owner:	
Comments:			