

(Office Use Only)
**PARCRESTON, A CONDOMINIUM
RESPONSE TO DESIGN REVIEW APPLICATION**

Date Action Taken: _____
Circle One:

- * **Application Approved**
- * **Application Approved with Conditions**
- * **Application Disapproved**
- * **Additional Information Requested**

Comments:

Date Reconsidered: _____
Circle One:

- * **Application Approved**
- * **Application Approved with Conditions**
- * **Application Disapproved**

Stipulations and Conditions:

1. All interior and exterior modifications must meet the requirements of the ParcReston, A Condominium Design and Maintenance Standards.
2. The proposed improvement must be constructed according to the approved plans, schedule (commenced within six months and completed within twelve months of the approval), and specifications.

Signature of Covenants Committee Member

Date

Printed Name of Covenants Committee Member

NOTES

1. All proposed additions, alterations and improvements must comply with the requirements of the Code, State and County Building Codes, and the Fairfax County Zoning Ordinance (collectively "State and County Laws"). Your signature indicates that these standards are met to the best of your knowledge. Application for local building permit is the applicant's responsibility.
2. Alterations shall not violate any of the Condominium Instruments, any of the provisions of Building Codes and Zoning Codes, State and County Laws, nor the Reston Association Documents. Further, nothing herein contained shall be construed as a waiver or modification of any restriction.
3. The undersigned understands and agrees that no work on this request shall commence until written approval has been received. A copy of this application shall be returned to you after review.

4. Once all information required and any applicable fees have been received by the Board of Directors, the application usually takes no longer than 45 days for complete review.
5. The undersigned has read and understood the applicable provisions of the Declaration, Bylaws, and Policy Resolution No. 5 with regard to property changes.
6. The Association assumes no responsibility for any damage to person or property resulting from or related to any change to any property or Unit, whether or not such change has been approved by the Association, since the Association cannot control quality of workmanship relative to the change or errors or omissions of pertinent information on the application.

Applicant's (Owner's) Signature(s): _____

Date: _____

EXHIBIT "C"
TO
POLICY RESOLUTION NO. 5
ALTERATION AGREEMENT

This ALTERATION AGREEMENT made as of this ___ day of _____, 20___, is by and between the Association of Unit Owners of PARCRESTON CONDOMINIUM (" Association ") and _____ ("Owner").

Owner owns Unit No. ____ in ParcReston Condominium. Owner's Unit is legally described on Exhibit B hereto. Owner wishes to perform certain additions, alterations and improvements as shown on the plans attached hereto as Exhibit A (the "Alteration").

In consideration of the Association's approval, Owner hereby confirms and agrees that Owner shall, at Owner's sole cost and expense: (i) cause the Alteration to be expeditiously installed, in a good and workmanlike manner, by a contractor acceptable to the Association, (ii) maintain the Alteration in good condition and repair, (iii) comply with such rules and regulations as the Association may from time to time promulgate regarding the maintenance of improvements such as the Alteration, and (iv) indemnify and hold the Association, its Directors, Officers, Employees, Unit Owner Members, and the Managing Agent harmless from all costs, expenses and liability arising out of or in connection with the Alteration approved hereby. If Owner fails to maintain such Alteration as required herein, Association shall be entitled to make any repairs which Owner fails to make in a timely fashion and the entire cost thereof shall be paid by Owner and shall be specifically assessed to and a lien against the Unit.

ASSOCIATION :

By: _____	_____
President, Board of Directors	Date
_____	_____
OWNER NAME: (Please Print)	Date
_____	_____
OWNER SIGNATURE	Date

STATE OF _____

COUNTY OF _____

I certify that I know or have satisfactory evidence that _____ and _____ signed this instrument, on oath stated that they were authorized to execute the instrument and acknowledge it as the _____ and _____ Association to be the free and voluntary act of such party of the uses and purposes mentioned in the instrument.

Dated: _____

Notary Public

My appointment expires: _____