

This is erroneously noted as Ex. A to Pol. Res. 6  
but it is actually Ex. A to Pol. Res. 7

**RIVERBEND AT LEISURE WORLD  
UNIT OWNERS ASSOCIATION**

**APPLICATION FOR  
REVIEW FOR MINOR ADDITIONS, ALTERATIONS & IMPROVEMENTS**

To: The Covenants Committee  
Riverbend at Leisure World Condominium Unit Owners Association

This application for review is submitted by the following unit owner to the Covenants Committee for approval of the noted proposed alterations to the below listed unit.

Owner's Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Minor Addition, Alteration or Improvement Requested: \_\_\_\_\_

\_\_\_\_\_

The following person(s) or firm will perform the work: \_\_\_\_\_

\_\_\_\_\_

Type of equipment/product to be installed: \_\_\_\_\_

\_\_\_\_\_

(I) (We), hereby certify that:

- I have obtained a copy of the guidelines regarding this change and agree that the installation will be made in accordance with such guidelines.
- I agree to comply with the Loudoun County Code in making such changes.

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(For Association Use Only)

**Reviewed**

**Action Approved:**

**Stipulations & Conditions:** \_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR REVIEW

To: THE COVENANTS COMMITTEE
Riverbend at Leisure World Condominium Unit Owners Association

(Complete all applicable portions and mail or deliver to the Association office)

I. APPLICANT IDENTIFICATION

This APPLICATION FOR REVIEW is submitted by the following unit owner(s) for approval of the noted proposed alterations to the listed unit(s). (All unit owners of each affected unit must join in this APPLICATION FOR REVIEW. List owners of each unit involved separately. Attach an additional sheet of more space is needed.)

A. Unit \_\_\_\_\_ Owner(s): \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Resident of Unit if other than Unit Owner: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

B. Unit \_\_\_\_\_ Owner(s): \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Resident of Unit if other than Unit Owner: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

C. Unit \_\_\_\_\_ Owner(s): \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Resident of Unit if other than Unit Owner: \_\_\_\_\_
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

II. APPLICATION

A. Electrical Wiring:

- 1. There will be NO work involving electrical wiring.
- 2. There will be work involving electrical wiring but it WILL NOT affect any other unit or any common element.
- 3. There will be work involving electrical wiring which WILL or MAY affect other units and/or common elements. The following information is provided as required by Section II. A. of Policy Resolution 7.

a) Unit(s) affected: \_\_\_\_\_

b) Attached is a diagram of the existing wiring system.  
(Mark: Exhibit II, A. 3(b))

c) Attached is a diagram of the proposed wiring system.  
(Mark: Exhibit II, A. 3(c))

d) The electrical load of the affected unit(s) is: \_\_\_\_\_  
\_\_\_\_\_

e) After completion of the proposed work, the electrical load of the affected unit(s) will be: \_\_\_\_\_  
\_\_\_\_\_

f) Describe the effect, if any, of the proposed electrical work on the common elements: \_\_\_\_\_  
\_\_\_\_\_

g) The following licensed electrician will do the work:

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

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

Telephone: \_\_\_\_\_

h) We propose to begin work on \_\_\_\_\_ and expect to complete it by \_\_\_\_\_.



- i) There will be NO INTERRUPTION of electrical service to any other unit or any common element resulting from this work.

-or-

There WILL/MAY BE INTERRUPTION of electrical service to other unit(s) and/or common elements. We will obtain approval from the Managing Agent prior to any such interruption. We will comply with provisions of Section III. B. 1. of Policy Resolution 7 which prohibits interruption of electrical service to any other unit or any common element except between the hours of 8:00 a.m. and 5:00 p.m. on weekdays which are not generally observed holidays.

**B. Plumbing:**

- 1. There will be NO work involving plumbing.
- 2. There will be work involving plumbing but it WILL NOT affect any other unit or any common element.

(If you checked 1 or 2 above, go to Part C.)

- 3. There will be work involving plumbing which WILL or MAY affect other units and/or common elements. The following information is provided as required by Section II. B. of Policy Resolution 7.

a) Unit(s) affected: \_\_\_\_\_

b) Attached is a diagram of the proposed plumbing system.  
(Mark: Exhibit II. B. 3(b))

c) Attached is a diagram of the proposed plumbing system.  
(Mark: Exhibit II. B. 3(c))

d) The Water consumption of the affected unit(s) is: \_\_\_\_\_  
\_\_\_\_\_

e) After completion of the proposed work, the water consumption of the affected unit(s) will be:  
\_\_\_\_\_

- f) Describe the effect, if any, of the proposed plumbing work on the common elements: \_\_\_\_\_  
\_\_\_\_\_
- g) The following licensed plumber will perform the proposed work:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- h) We propose to begin work on \_\_\_\_\_ and expect to complete it by \_\_\_\_\_.
- i) There will be NO INTERRUPTION of water service to any other unit or any common element resulting from this work.

-or-

There WELL/MAY BE INTERRUPTION of water service to other unit(s) and/or common elements. We will obtain approval from the Managing Agent prior to any such interruption. We will comply with provisions of Section III. B 1 of Policy Resolution 7 which prohibits interruption of water service to any other unit or any common element except between the hours of 8:00 a.m. and 5:00 p.m. on weekdays which are not generally observed holidays.

**C. Relocation of Boundaries:**

(If applicant is the owner of two or more units and wants to remove walls between said units skip to section 3.)

- 1. Attached, marked Exhibit II.C.1., is a diagram of existing boundaries between the units affected by our proposed relocation of unit boundaries.
- 2. Attached, marked Exhibit II.C.2., is a diagram of proposed boundaries between affected units.
- 3. The following chart shows the current and proposed reallocation of the aggregate common interest (which carries with it proportional responsibility of common expenses) and vote in the Unit Owners Association for the affected units.

	COMMON INTEREST		ASSOCIATION VOTE	
	<u>Current</u>	<u>Proposed</u>	<u>Current</u>	<u>Proposed</u>
Unit _____	_____	_____	_____	_____
Unit _____	_____	_____	_____	_____
Unit _____	_____	_____	_____	_____
Unit _____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

(Current and proposed must total the same.)

4. The following persons or firms will perform the construction work:

a. Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ License # \_\_\_\_\_  
 Years of experience: \_\_\_\_\_

b. Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ License # \_\_\_\_\_  
 Years of experience: \_\_\_\_\_

5. We propose to begin work on \_\_\_\_\_ and expect to complete it by \_\_\_\_\_,

6. Counsel for the applicant(s):

a) Applicant \_\_\_\_\_ Attorney \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_



b) Applicant \_\_\_\_\_ Attorney \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_

c) Applicant \_\_\_\_\_ Attorney \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_

- 7. Attached is written certification by the mortgagee of each affected unit approving the relocations and reallocations proposed herein.

-or-

None of the affected units is mortgaged.

### III. CERTIFICATION REQUIRED OF ALL APPLICANTS

- A. Attached is a letter describing in further details the changes proposed including the proposed drainage patterns if the existing pattern will be affected, and certifying that at a minimum, any new walls will meet or exceed the standards of original construction or current building codes if they exceed the standards of original construction, that no bearing wall or column will be removed or weakened and that no pipe, wire, cable, duct or any other utility serving any other unit or any common element will be removed or made less efficient.

- B. (1) (We) will be responsible for all costs relating to the proposed changes, including without limitation, all costs relating to preparing and filing amendments to the Declaration and Bylaws and new plats and plans as required by Section 55-79.69(e) of the Condominium Act and will submit to the Association a fee, determined by the Covenants Committee sufficient to meet these requirements before work is begun and will pay any additional funds necessary to meet the requirements of this provision.
- C. We certify that all debris resulting from this work will be removed before 5:00 p.m. on the day it is generated.
- D. Attached are copies of all governmental permits required for this proposed work.

-or-

All governmental permits required for this work will be obtained and copies provided to the Managing Agent prior to commencement of the work.

**IV. SIGNATURES**

(I) (We), the undersigned applicants, certify that we are familiar with the terms of Policy Resolution 7 and applicable sections of the Condominium Act, Declaration and Bylaws, and that the information provided herein is accurate to the best of our knowledge. (All unit owners must sign.)

Applicant	_____	Date	_____	Unit	_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

**RECEIPT OF APPLICATION** *(For Association Use Only)*

Received: \_\_\_\_\_

Action Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Stipulations and Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_