

## **Information Requirements and Documentation to Support Your Request Single Family Homes**

**Application Schedule and Assistance:** Applications must be submitted to the FRCA General Manager prior to the first Wednesday of the month. The Modifications Committee [MC] will review applications on the second Wednesday of the month and the FRCA Management Company will notify you promptly thereafter. Residents may attend all MC meetings.

The FRCA Management Company representative will assist you with an application, if necessary. Also, the Modifications Committee members may be contacted for assistance.

**Submission Requirements:** Following are listings of the documentation required to support your request for modification. The paragraph references accompanying each item refer to the FRCA Design Guidelines, 15 September 2013, available online at fallsrun.org under Documents or in hard copy through the General Manager at the Center. Providing all of the requested documentation will ensure the Modifications Committee has all of the information needed to process your request quickly.

**Private Area:** Paragraph 2.1. Place checkmark if the proposed project is outside of the Private Area building setback.

**Awning:** Paragraph 4.19.3. Provide photo and Survey Plat showing location, a brochure defining canvas/material selection, start retracting or stationary, color and dimensions. It is prohibited to install roof mounted awnings or other roof mounted shade devices.

**Decks, Screened Porches or Sunrooms:** Paragraph 4.19. Note deck, screened porch or sunroom, provide blueprint of construction plan showing dimensions, materials and roofline, Survey Plat and photo of home defining addition location.

**Driveway Ribbon:** Paragraph 5.28. Provide brochure or photo showing style, color, and material description and a dimensioned drawing with the driveway and proposed ribbon[s] shown.

**Exterior Lighting:** Paragraphs 5.22, 5.23, 5.24. Provide Survey Plat showing location of lights and a brochure with picture describing the color, style, voltage and wattage of the lighting.

**Fountains and Water Features:** Paragraph 5.12. Provide a Survey Plat and drawing/brochure defining the location, size and materials to be used.

**Invisible Fence:** Paragraph 5.19. Provide a Survey Plat with the invisible fence clearly marked on the Plat.

**Landscape outside the Rear Private Area:** Paragraphs 5.0, 5.5. Provide Survey Plat with landscaping design drawn on the plat. Provide photographs of area to be landscaped. Provide the number, type and size of each planting and the type of mulch [wood, stone, lava, rock, other] and the color.

**Patios and Courtyards:** Paragraph 4.19. State patio or courtyard, provide blueprint of construction plan including dimensions, Survey Plat, photo of home showing location and brochure indicating material selection.

**Pergolas, Trellises, Arbors and Privacy Screens.** Paragraph 4.21. Provide photo or drawing of location with photo of home and blueprint drawing of construction plan, including color and dimensions, and state if cedar or vinyl construction will be painted or installed to compliment the trim color of the house.

**Solar Panels:** Paragraph 4.11. Provide a photo of location. Include Survey Plat marked with location. Must comply with Stafford County requirements.

**Walls and Fences:** Paragraph 5.17. Provide blueprint of construction plans including dimensions, Survey Plat, photo of home showing location and brochure indicating material selection.

**Replacement Doors and Windows:** Paragraph 4.23. Provide photo of existing doors/windows and illustrations of proposed replacement doors/windows.

**Distributing Concierge Initials:**

**Falls Run Community Association  
Application for Changes and Improvements (Single family homes)**

**Submission Date:** \_\_\_\_\_ **Initial Submission** \_\_\_\_\_ **Revised Submission** \_\_\_\_\_

**Date project to begin:** \_\_\_\_\_ **Date project to end:** \_\_\_\_\_

1. Homeowner's Name(s): \_\_\_\_\_ / \_\_\_\_\_

2. Falls Run Address: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Phone Number / email: \_\_\_\_\_ / \_\_\_\_\_

5 Home's Model Name \_\_\_\_\_

6. Contractor (name / telephone): \_\_\_\_\_ / \_\_\_\_\_

**Nature of Request (Including a statement regarding any impact on existing lot drainage):**

\_\_\_\_\_ **The proposed project is outside of the Private Area Building Setback Lines.**

Attach additional sheet, if necessary. Include photographs, Survey Plat and other requested materials and sign form on second page.

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**Results of the Modification Request(s)**

Resident Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

The Modifications Committee has determined the following:

\_\_\_\_\_ **Approved**, with a completion date of 6 months from date of approval

\_\_\_\_\_ **Approved as noted.** (Conditionally approved subject to conditions.)  
Homeowner need not submit revised plan incorporating all conditions .

\_\_\_\_\_ **Approved as noted.** (Conditionally approved subject to conditions.)  
Homeowner must submit revised plan incorporating all conditions.

\_\_\_\_\_ **Not Approved**  
(The Application must be resubmitted with more information or changes.)

**Explanation:**

Committee chairman authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee members initials: \_\_\_\_\_

