# WATERGATE OF ALEXANDRIA CONDOMINIUM ASSOCIATION
# COVENANTS COMMITTEE REQUEST FOR REVIEW FORM

The undersigned hereby requests approval for the alteration(s) to my condominium unit outlined in this document and attachments. (*See instructions below*)

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| **OWNER'S NAME**: | |
| **UNIT ADDRESS**: | |
| **SUMMARY OF REQUEST:** | |
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| | |
| **OWNER(S) SIGNATURE**: | **DATE**: |
| | **DATE**: |

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|---|
| **DATE RECEIVED**: |

| **COVENANT COMMITTEE ACTION**: | |
|---|---|
| **DESCRIPTION:** | |
| ☐ **APPROVED**: | **DATE**: |
| ☐ **OTHER**: | **DATE**: |
| ☐ **DISAPPROVED**: | **DATE**: |
| **AUTHORIZING SIGNATURE:** | |

**INSTRUCTIONS:**

1. Provide a written description or sketch of the proposed improvement or alteration in sufficient detail so that the Committee can make a decision.
2. Provide a plan outlining how the proposed improvement or alteration will be implemented, its location, and any other pertinent information essential for the Committee to evaluate the proposal.
3. Please note that any proposed improvements or alterations must comply with applicable governmental ordinances and rules and regulations. Your signature indicates that these standards are met to the best of your knowledge. Application for all required permits is the owner's responsibility.
4. Mail to Watergate of Alexandria Condominium Association, c/o Ms. Olivia Dixon-Powers, Property Manager, ProCAM, 1422 Portner Road, Suite 5, Alexandria, Virginia 22314, olivia.dixon-powers@procamva.com, or the Chair of the Covenants Committee.
5. Provide a copy to the Board President or other Board member.