

**APPLICATION FOR ARCHITECTURAL REVIEW  
GLENBROOKE SUBDIVISION**

Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_  
(and email, if applicable)

Name of Contractor: \_\_\_\_\_  
(if applicable)

Phone Number: \_\_\_\_\_  
(and email, if applicable)

Project Title: \_\_\_\_\_

Anticipated Construction

Start & Finish Date: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Items to be submitted for review:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drawing(s) attached, if applicable

All of the information listed above must be received before the Architectural Review Committee will begin its review.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

Submit to: **Glenbrooke Architectural Review Committee**

**C/O Cabell Dudley, 1379 Glenbrooke Dr.**

**Lynchburg, Va. 24503**

.....  
(Space below for use of the Architectural Review Committee)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVAL /  DISAPPROVAL OF COMMITTEE:

For the Committee:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_