

ADDRESS:
Hayfield View – Architectural Inspection

UNIT # COURT <i>Approved Colors</i> Doors: Shutters: Trim/Fascia: Siding: Roof Shingles: (MC=Colonial McCormick Chart) <hr/> <input type="checkbox"/> Deck <input type="checkbox"/> Patio

- Annual Inspection**
- On-the-Spot Inspection**
- New Owner Inspection**

Action Taken	Date
Inspection	
Homeowner Completion Notice	
Follow-Up Inspection	
Inspection Results Notice	
Hearing Notice	
Hearing	
Hearing Decision Notice	

Front of Unit

Violation	Completion Notice Required	Enclosed Application and Completion Notice Required
1. Bay Window Roof	<input type="checkbox"/> Repair <input type="checkbox"/> Paint	<input type="checkbox"/> Replace
2. Door – Front	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
3. Door – Storm	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
4. Front Yard	<input type="checkbox"/> Clean/Weed <input type="checkbox"/> Trim Shrubs/Tree <input type="checkbox"/> Remove Items	<input type="checkbox"/> Replace Grass/Shrubs/Tree
5. Gutters/Downspouts	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
6. Handrail	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
7. House Number	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
8. Outdoor Light Fixture	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
9. Roof	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Color
10. Shutters	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
11. Sidewalk/Stoop	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
12. Siding	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
13. Trim/Rake Board	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
14. Vents – Chimney/Other	<input type="checkbox"/> Repair <input type="checkbox"/> Paint	<input type="checkbox"/> Replace
15. Water Drainage Well/Pipes	<input type="checkbox"/> Repair <input type="checkbox"/> Clean	<input type="checkbox"/> Replace
16. Windows/Screens/Grids	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style

Rear of Unit

Violation	Completion Notice Required	Enclosed Application and Completion Notice Required
17. Back Yard	<input type="checkbox"/> Clean Debris/Weed <input type="checkbox"/> Trim/Remove Grass/Shrubs/Tree <input type="checkbox"/> Remove Items Outside of Yard	<input type="checkbox"/> Install Ground Cover
18. Deck	<input type="checkbox"/> Repair <input type="checkbox"/> Remove Awning	<input type="checkbox"/> Replace
19. Door – Back	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
20. Door – Storm	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
21. Fence/Gate	<input type="checkbox"/> Repair <input type="checkbox"/> Clean <input type="checkbox"/> Remove Vines	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
22. Gutters/Downspouts	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
23. Handrail	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
24. Patio	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
25. Roof	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Color
26. Satellite Dish	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
27. Shed	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Non-Standard Height
28. Shutters	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
29. Sidewalk/Stoop	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace
30. Siding	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style
31. Structure	<input type="checkbox"/> Remove	<input type="checkbox"/> Variance
32. Trim/Rake Board	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace
33. Vents -Chimney/Other	<input type="checkbox"/> Repair <input type="checkbox"/> Paint	<input type="checkbox"/> Replace
34. Water Drainage Well/Pipes	<input type="checkbox"/> Repair <input type="checkbox"/> Clean	<input type="checkbox"/> Replace
35. Windows/Screens/Grids	<input type="checkbox"/> Repair <input type="checkbox"/> Paint <input type="checkbox"/> Wrong Color	<input type="checkbox"/> Replace <input type="checkbox"/> Wrong Style

Questions: Contact Abode at 703-750-3110 or mail@abodemgmt.com.	Homeowner Comments:
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HOMEOWNER COMPLETION NOTICE

I certify that the above items were completed as of _____.
MM/DD/YYYY

SIGNATURE _____

PRINTED NAME _____

ADDRESS IF DIFFERENT THAN UNIT _____

PHONE NUMBER/EMAIL (OPTIONAL) _____

1. Fill out the blocks when all checked items in the completion notice required columns are completed by you or your contractor.
2. Mail the filled out completion notice with this checklist or fax to Abode, 703-914-9563.
 Abode Management Enterprises, Inc.
 P. O. Box 580
 Annandale, VA 22003

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