



800 CHIMNEY HILL PKWY VIRGINIA BEACH, VA 23462

O: (757)463-3805 F :(757) 463-5266

WWW.CHIMNEY-HILL.NET

Mission Statement: To provide every resident in Chimney Hill with a clean, enjoyable, and desirable place to live.

Vision: To protect and positively influence property values.

ACC MEMBER APPLICATION

We meet the 1st Tuesday of every month at 7pm the meeting takes place in our clubhouse. The specific purposes for which the ACC Committee is formed is to maintain, preserve and to architecturally control the individual properties and common areas within Chimney Hill Community Association.

Name: _____

Chimney Hill Property Address: _____

Phone Number: _____

E-mail Adress: _____

Homeowner or Tenant (circle one)

Single Family _____ Townhome _____

PLEASE ANSWER THE FOLLOWING:

How long have you lived in Chimney Hill? _____

Do you currently reside in Chimney Hill? _____

How much time could devote to the ACC Committee on a monthly basis? _____

Would you be able to attend meetings on the first Tuesday of every month? _____

How many meetings have you attended? _____

Are you willing to attend three meetings prior to being considered? _____

Are you familiar with the ACC Rules & Regulations? _____

Are you familiar with Virginia Beach City Maintenance Codes? _____

If in the military, when do you expect to deploy or be reassigned? _____

Are you interested in co-chairing the committee, if asked? _____

Would you be willing to receive calls and/or e-mails from CHCA concerning the ACC Committee? _____



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Do you have any qualifications or experience in dealing with Architectural Control? If yes, please explain.

Do you feel you would be able to make unbiased decisions based on the overall continuity and appearance of the community? Please explain.

What personal skill or strength do you think would benefit the ACC Committee? _____

Why are you interested in joining the ACC Committee? _____

Signature: _____ Date: _____

EMAIL TO: ADMIN@CHIMNEY-HILL.NET or FAX FORM TO: (757) 463-5266

CHCA STAFF ONLY

Date Received: _____

Employee Signature: _____

ACC COMMITTEE ONLY

MEETING DATE REVIEWED/INTERVIEWED: _____

INTERVIEWED BY: _____ TITLE: _____

INTERVIEWED BY: _____ TITLE: _____

RECOMMENDATION: _____

RESULTS: _____

(APPLICATION TO BE KEPT ON FILE FOR 2 YEARS)