

**Resolution Worksheet**  
**Non-Routine Change Application – 1630 Fitzgerald Lane**  
**Handicapped Parking Request**

Date: December 17, 2025

**Suggested Motion:**

“I move to approve a Non-Routine Change application to install a handicapped parking sign at 1630 Fitzgerald Lane.

2<sup>nd</sup>.

**Summary:**

According to the Parking Policy, the Covenants Committee shall issue a recommendation on each handicapped parking request to the Board of Directors, which is the only authority able to grant such a request.

The Covenants Committee has acknowledged the 1630 Fitzgerald Lane application. Management recommends that if the resident moves out of the residence, the handicapped parking sign should be removed.

**Vote:**

	In Favor	Opposed	Abstained	Absent
Scott Buchanan				
Dave Bush				
Caitlin Counihan				
Lucille Eddy				
Elaine Lawler				
Jeff Lisanick				
Scott Mulrooney				
Jim Wicker				

# Parkfairfax Condominium

## UNIT OWNERS ASSOCIATION

3360 GUNSTON ROAD • ALEXANDRIA, VIRGINIA 22302-2198

TELEPHONE (703) 998-6315 FAX (703) 998-8764

### NON-ROUTINE CHANGE APPLICATION CHECKLIST

In order to process your application in the timeliest manner,


**PLEASE MAKE SURE THE FOLLOWING INFORMATION IS INCLUDED WITH YOUR APPLICATION:**

- X ☒ DIAGRAM WITH SPECIFIC DIMENSIONS OF CHANGES *Photo of Requested Handicap Parking Space.*
- ☐ CONTRACTOR INFORMATION (Name, copy of license and insurance.)
- ☐ CITY PERMITS IF REQUIRED (SEE PAGE THREE)

       ☐ IF PLANTING, PLEASE INCLUDE NAMES OF PLANTS TO BE PLANTED EITHER ON THE DIAGRAM OR ON A SEPARATE SHEET WITH SPECIFIC LOCATIONS FOR EACH. \*IF PLANTINGS ARE IN THE FRONT OF THE BUILDING, A SURVEY OF YOUR NEIGHBORS MUST BE INCLUDED WITH THE APPLICATION.

       ☐ IF INSTALLING A CENTRAL SYSTEM PACKAGED SPLIT SYSTEM ELECTRIC HEAT PUMP, THE CONTRACTOR MUST MEET WITH AN ASSOCIATION MEMBER TO DETERMINE LOCATION OF COMPRESSOR. ALSO PLEASE INCLUDE A MASONRY CONTRACT. IF A PRE-APPROVED BRICK MASON IS NOT USED, THEN SAID MASON MUST PROVIDE FIVE REFERENCES WITH PHOTOS WHERE THE MASONRY CONSTRUCTION IS SIMILAR TO PARKFAIRFAX. THIS CONTRACTOR MUST BE APPROVED BY THE ASSOCIATION BEFORE WORK CAN BE PERFORMED.

       ☐ NOTARIZED INDEMNIFICATION AGREEMENT (must accompany ALL applications)

*Unable to get to a notary at this time. Will submit as soon as possible* 

Including these items with the application will help to avoid delays in the approval of your application.

### REMINDER

Completed applications must be received by the management office 10 business days prior to the scheduled Covenants Committee Meeting to be placed on that meeting's agenda. Please feel free to contact the Association Office if you have any questions at (703) 998-6315.



---

## Virginia DMV Notification

1 message

<Donotreplyenotify@dmv.virginia.gov>

Thu, Nov 13, 2025 at 8:16 AM

To: dlbuttram [REDACTED]



*Virginia Department of Motor Vehicles*

### DMV Delivery Notice

Dear Customer:

Your DISABLED PARKING PLACARD was mailed on 11/12/2025. Visit [www.dmv.virginia.gov](http://www.dmv.virginia.gov) for more online services.

You have received this email, because you signed up for electronic DMV notifications. To opt out of receiving e-notices, go to [myDMV Account](#) to make changes. [online](#)

This is an automated notice. Please do not reply. For more information regarding electronic DMV notifications, read the [FAQs](#) or [contact us](#).







Virginia Department of Motor Vehicles  
Post Office Box 27412  
Richmond, Virginia 23269-0001  
www.dmv.virginia.gov

## DISABLED PARKING PLACARD OR LICENSE PLATES APPLICATION

**Purpose:** Persons with disabilities use this form to apply for a disabled parking placard or disabled parking license plates.

**Instructions:** For a disabled parking placard or replacement placard ID card, complete only this application. No fees apply. Your disabled parking placard or replacement placard ID card will be mailed to you. Only one placard may be issued to you.

For disabled parking license plates, complete this application and the VSA 10 application. Fees apply based on the selected license plates. Disabled parking license plates may be available at a Customer Service Center, a DMV Select office or may be mailed to you. You may request disabled parking license plates for any vehicles you own. **Note:** Only permanently disabled persons or institutions that transport individuals with disabilities may obtain disabled license plates.

Submit all required applications and fees to any Customer Service Center, DMV Select, or by mail to: DMV, Data Integrity, P.O. Box 85815, Richmond, VA 23285-5815.

APPLICANT INFORMATION (person with disability)					
FULL LEGAL NAME (last) (first) (middle) (suffix) Buttram Diana Lynn				DMV ASSIGNED NUMBER OR SOCIAL SECURITY NUMBER <del>XXXXXXXXXX</del>	
<b>NOTE:</b> If you enter a residence or mailing address that is other than what is currently on DMV's system, complete an "Address Change Request" (ISD 01).					
CURRENT RESIDENCE ADDRESS 1630 Fitzgerald Lane		CITY Alexandria		STATE VA	ZIP CODE 22302
CITY OR COUNTY OF RESIDENCE				DAYTIME TELEPHONE NUMBER OR CELL PHONE NUMBER ( )	
MAILING ADDRESS (if different from above)		CITY		STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy) 07/13/1961	HAIR COLOR Grey	EYE COLOR Blue	HEIGHT 5 FT 6 IN	WEIGHT 125 LBS	

APPLICATION TYPE (select one)			
<b>ORIGINAL APPLICATION:</b> <input checked="" type="checkbox"/> DISABLED PARKING PLACARD <small>No fee required (includes ID Card)</small>		<b>RENEWAL APPLICATION:</b> <input type="checkbox"/> RENEW PERMANENT DISABLED PARKING PLACARD <small>No fee required</small>	
<b>APPLICATION FOR REPLACEMENT/REISSUE:</b> <input type="checkbox"/> DISABLED PARKING PLACARD <small>No fee required (includes ID Card)</small>		<input type="checkbox"/> DISABLED PLACARD ID CARD ONLY <small>No fee required</small>	
<input type="checkbox"/> DISABLED LICENSE PLATE <small>(\$10.00 fee)</small>		<b>REASON FOR REPLACEMENT/REISSUE:</b> <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed/Mutilated <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received	

DISABLED PARKING LICENSE PLATES (HP) (check one, if applicable)
<input type="checkbox"/> The vehicle on which HP plates will be used is specifically equipped and used for transporting groups of physically disabled persons.
<input type="checkbox"/> I am the vehicle owner and the parent/legal guardian of a disabled dependent(s). List the name of each disabled person below.

APPLICANT CERTIFICATION (person with disability/parent/legal guardian)
I understand that misuse, counterfeiting, or alteration of disabled placards may result in fines up to \$1000.00 and up to 6 months in jail and/or revocation of disabled parking privileges. I certify that I have a (check one): <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Permanent disability that limits or impairs my ability to walk or creates a safety concern while walking.
I also understand that the disabled parking placard or plates issued to me cannot be loaned to anyone, including family members or friends, to benefit a person other than myself.
I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.
APPLICANT/PARENT/LEGAL GUARDIAN SIGNATURE _____
DATE (mm/dd/yyyy) _____

DMV USE ONLY		
<b>TEMPORARY PLACARD</b> (up to 12 months) <input type="checkbox"/> ORIGINAL (Medical professional certification required.) <input type="checkbox"/> REPLACEMENT/REISSUE	<b>HP PLATES</b> <input type="checkbox"/> ORIGINAL PLATES <input type="checkbox"/> REPLACEMENT/REISSUE	<b>15-DAY PLACARD RECEIPT NUMBER</b>
<b>PERMANENT PLACARD</b> (5 years) <input type="checkbox"/> ORIGINAL (Medical professional certification required.) <input type="checkbox"/> REPLACEMENT/REISSUE <input type="checkbox"/> RENEWAL (No medical professional certification required)	<b>PLACARD EXPIRATION DATE</b> (mm/dd/yyyy)	<b>EMPLOYEE STAMP</b>

The front of this form must be completed before the medical professional signs the certification.

APPLICANT FULL LEGAL NAME (last, first, middle, suffix)

Buttram, Diana Buttram

**NOTE: (This page does not have to be completed to renew permanent placards.)**

### DISABILITY TYPE

- ☐ **Temporarily limited or impaired** beginning date (mm/dd/yyyy) \_\_\_\_\_ and ending date (mm/dd/yyyy) \_\_\_\_\_ (not to exceed 12 months).
- ☒ **Permanently limited or impaired.** A permanent disability as it relates to disabled parking privileges shall mean: a condition that limits or impairs movement from one place to another or the ability to walk as defined in Virginia Code §46.2-1240, and that has reached the maximum level of improvement and is not expected to change even with additional treatment.

### LICENSED PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER MEDICAL CERTIFICATION

Reason this patient's ability to walk is limited or impaired or creates a safety condition while walking. (check below)

- ☒ Cannot walk 200 feet without stopping to rest.
- ☐ Uses portable oxygen.
- ☐ Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.
- ☐ Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- ☐ Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition.
- ☐ Is restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.
- ☐ Has been diagnosed with a mental or developmental amentia or delay that impairs judgment including, but not limited to, an autism spectrum disorder.
- ☐ Has been diagnosed with Alzheimer's disease or another form of dementia.
- ☐ Is legally blind or deaf.
- ☐ Other condition that limits or impairs the ability to walk, or creates a safety concern while walking because of impaired judgement or other physical, developmental, or mental limitation (Specific condition description must be specified below).

### LICENSED CHIROPRACTOR OR PODIATRIST MEDICAL CERTIFICATION

Reason this patient's ability to walk is limited or impaired. (check below)

- ☐ Cannot walk 200 feet without stopping to rest.
- ☐ Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.
- ☐ Is severely limited in ability to walk due to an arthritic, neurological or orthopedic condition.
- ☐ Other condition that limits or impairs the ability to walk (Specific condition description must be specified below).

### LICENSED MEDICAL PROFESSIONAL CERTIFICATION

I certify and affirm that the described applicant is my patient, whose ability to walk, based on my examination, is limited or impaired or creates a safety concern while walking as described above.

I further certify and affirm that to the best of my knowledge and belief, all information I have presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

☒ Physician ☐ Physician Assistant ☐ Nurse Practitioner ☐ Chiropractor ☐ Podiatrist

MEDICAL PROFESSIONAL NAME (print) Yoonmi Lee		OFFICE TELEPHONE NUMBER (703) 933-8125	OFFICE FAX NUMBER (703) 933-8126
LICENSE TYPE MD	LICENSE NUMBER 101258989	LICENSE EXPIRATION DATE (required) 2/2026	STATE ISSUING LICENSE (required) VA
MEDICAL PROFESSIONAL SIGNATURE [Signature]			DATE (mm/dd/yyyy) 10/29/2025

## **COVENANTS APPLICATION FOR NON-ROUTINE CHANGES**

### **APPLICATION PROCESS**

The application process entails internal review by the office staff, distribution to the Covenants Committee for consideration as part of a pre-meeting package, and formal Committee action at a monthly meeting following receipt of your application. Parkfairfax has developed specifications for most non-routine changes. These can be obtained from the Association Office.

You do not have to appear at the Covenants Committee meeting at which your application is voted on, but your presence may make it possible to resolve questions that arise. The Covenants Committee can approve, defer, or reject the application. If approval entails stipulations or conditions, they will be noted on the copy that is returned to you. Denied applications can be appealed to the Board of Directors.

Prior to Covenants Committee consideration, the Covenants Director may contact applicants by telephone to resolve minor questions. After Committee consideration, a copy of the application and record of action on it will be sent to the unit owner's Parkfairfax address via first-class Mail unless the applicant specifies a different mailing address or makes other arrangements.

### **PROCEDURES, PERMITS, AND LIABILITY CLAUSES**

When physical changes or improvements to your unit are involved, condominium ownership imposes some of the same responsibilities that apply to single family homes (such as city permits) and, in many instances, additional restrictions that are in the interest of the condominium as a whole. The following provisions address these considerations.

1. Alterations to land or buildings made in accordance with Parkfairfax specifications, guidelines and procedures must not violate any of the governing documents nor any of the provisions or building and zoning codes of the City of Alexandria, to which the property is subject. Further, nothing contained herein will be construed as a waiver or modification of any restriction.
2. All proposed improvements must meet local building and zoning codes. Applications for local building permits are your responsibility.

Your signature indicates these standards have been met to the best of your knowledge and that you have been given an opportunity to read the applicable provisions of the Condominium Act; the Condominium Instruments; and Administrative Resolution Number Two regarding property changes.

**The following changes which require approval from the Covenants Committee also require a permit from the City of Alexandria:**

<b>Change</b>	<b>Permit Required</b>
Wooden Deck	Building
HVAC/ Split System /Heat Pumps	Building, Electrical & Mechanical

**All applications that have work being done by a contractor must have a copy of the contractors' license and certificate of insurance.**

**An Indemnification Agreement must be filed with all applications, and must be signed and notarized.**



### COVENANTS APPLICATION FOR NON-ROUTINE CHANGES

Date: 11/17/25 Unit Owner(s): Diana Buttram Phone#: [REDACTED]  
Building # 915 Unit Address: 1630 Fitzgerald LN Model: Monroe 1 Bedroom Type 1-C  
OWNERS ADDRESS (if different from above): \_\_\_\_\_

I WISH TO DO THE FOLLOWING (Please mark the appropriate box)

BE SURE TO READ THE APROPRIATE SPECIFICATIONS FOR THE WORK BEING PERFORMED

**For the following changes an illustration or detailed description is required.**

Install or Replace:

- |              |                                |
|--------------|--------------------------------|
| 1) _____     | Brick Patio                    |
| 2) _____     | Flagstone Patio                |
| 3) _____     | Alteration to A/C Sleeve       |
| 4) _____     | Wooden Deck                    |
| 5) _____     | Plantings                      |
| 6) _____     | Garden                         |
| 7) _____     | Landscaping                    |
| 8) _____     | Gate                           |
| 9) _____     | Arbor                          |
| 10) _____    | Trellis                        |
| 11) _____    | Resident Installed Walkways    |
| 12) _____    | HVAC/Central System Package    |
| 13) _____    | Brick Modifications            |
| 14) _____    | Subdivision of Units           |
| 15) _____    | Combine two units into one     |
| 16) <u>X</u> | Other: <u>Handicap Parking</u> |

**Please notify the Covenants Director in writing within 30 days of installation to allow for a follow-up inspection to ensure compliance with our outlined specifications.  
BY MY SIGNATURE BELOW, I AFFIRM THE FOLLOWING:**

1. The change identified herein and the manner of installation of that change meets all applicable codes and ordinances of the City of Alexandria.
2. I understand maintenance and repair of changes by me is my responsibility and I am obligated for all expenses relating to maintenance and repair.
3. I understand that I am personally liable for all damages and expenses to my unit, other units and/or the common elements resulting from improper installation or failure to properly maintain such changes by me or at my direction.

4. I understand changes are subject to inspection by the Association Management up 30 thirty days after changes are completed.

5. I affirm that I am installing/replacing the above items exactly as represented here. I understand that any variation from the above constitutes any variation from the above constitutes a violation of the architectural guidelines and automatically voids approval.

6. I understand and agree that no work on this proposed change shall commence without prior written approval of the Covenants Committee.

6. I understand asbestos is present in Parkfairfax units and the common elements. If the change I am proposing requires work which may disturb asbestos, I agree that I must specifically advise the Covenants Committee of the nature and extent of this work in writing prior to commencement of such work. I also agree I will endorse a separate indemnification agreement if such asbestos disturbing work is necessary. I also agree I and my contractor (if appropriate) will abide by all Federal, State and Local ordinances regarding the disturbance and removal of asbestos containing materials and will agree to have air testing conducted at my expense.

Date: 11/17/25

Unit Owner:  Diana Buttram

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

Unit Owner: \_\_\_\_\_

=====

Action Taken:  Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_ Deferred

\_\_\_\_\_ Acknowledged

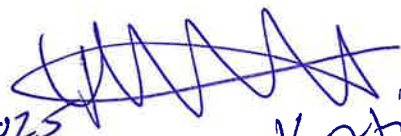
\_\_\_\_\_ Preliminary Approval, subject to receipt of City Permit and Inspection

\_\_\_\_\_ Final Approval, copy of City Permit and Inspection received

Stipulations/Reason for Denial: \_\_\_\_\_

Date: 11-9-2025

Signature: Virtual Meeting  
Covenants Committee Chair

  
11-19-2025 Katie Knight

# INDEMNIFICATION AGREEMENT AND COVENANT


THIS INDEMNIFICATION AND COVENANT AGREEMENT is made this 17 day of November, 2025, by and between Diana Butten ("OWNER"), and the PARKFAIRFAX CONDOMINIUM UNIT OWNERS ASSOCIATION, ("ASSOCIATION").  
WITNESSETH: WHEREAS, Owner is the Unit Owner of condominium Unit No. 1630 Fitzgerald Ln in Parkfairfax Condominium located at (address) 1630 Fitzgerald Ln Alexandria, Virginia; AND WHEREAS, the Association is charged by the Condominium Instruments for Parkfairfax Condominium (recorded on February 7, 1977 in Deed Book 847 at Page 72 among the land records of the City of Alexandria, Virginia) with responsibility for maintaining the Common Elements of the Condominium and enforcing the provisions of the Condominium Instruments; AND WHEREAS, the Condominium Instruments require the approval of the Board of Directors of the Association prior to the making of any alterations by the Unit Owner affecting the Common Elements; AND WHEREAS, Owner wishes to make alterations affecting the common Elements and has approval therefore; AND WHEREAS, The Board of Directors of the Association will not approve such alterations in the absence of an indemnification against damages and assumption of responsibility by Owner; AND WHEREAS, In order to induce the Board of Directors of the Association to grant such approval owner is willing to indemnify the Association and affected Unit Owners and assume responsibility for damages. NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. Installation, alteration or removal of handicap parking (specify) must be in accordance with any and all Guide Specifications and Exhibits approved by the Board of Directors.
2. Owner undertakes, of himself and his heirs, successors and assigns, to indemnify and hold harmless the Association and any Unit Owner from and against any loss or damage which the Association or any Unit Owner may suffer as a consequence of such improvements and alterations; including without limitations: (i) loss or damage caused by negligence in the design, construction or maintenance of such improvements and alterations; ii) loss or damage not the result of negligence but caused by the effect of such improvements and alterations on the structural components previously existing; (iii) expenses and consequential damage caused by or resulting from such improvements and alterations; and, (iv) fees, costs and expenses of any claims or suits arising as a result of such improvements and alterations.

3. Owner undertakes, for himself and his heirs, successors and assigns, to maintain and pay cost of maintaining such improvements and alterations, and all other appurtenant components.
4. Owner hereby warrants that the improvements and alterations have been and will be made in compliance with all applicable requirements of insurance policies covering the condominium and all applicable laws, governmental regulations, ordinances and codes. Owner hereby indemnifies the Association and any Unit Owner from and against any loss or damage attributable to the incorrectness of such warranty. Further, Owner hereby agrees to pay any increase in the cost of insurance coverage occasioned by the construction or maintenance of the improvements and alterations.
5. The approval by the Board of Directors of the Improvements and alterations set forth in paragraph 1 above does not constitute approval of any other improvements and alterations made without obtaining the express prior written approval of the Board of Directors pursuant to the provisions of the Condominium instruments and the procedures of the Board of Directors.
6. The parties agree that this Indemnification Agreement and Covenant shall be filed in the unit file at the Association office, and shall operate as a covenant running with the land, forevermore encumbering the condominium unit and binding Owner's heirs, successors and assigns, including without limitation all future owners of the condominium unit.
7. Wherever used herein the singular shall include the plural, the plural the singular, and the use of any gender shall include all genders, as context may require.

IN WITNESS WHEREOF, The parties have executed this instrument as of the date first written above.

OWNER:

  
\_\_\_\_\_  
Diana Buttram

STATE OF VIRGINIA)

CITY OF ALEXANDRIA)

I, the undersigned, a Notary Public in and for the State and City aforesaid, do hereby certify that DIANA Buttram whose names are signed to the foregoing instrument bearing date on the 18 day of November, 20 25, have acknowledged the same before me in the aforesaid jurisdiction to be their act and deed.

GIVEN under my hand and seal this 18 day of November 2025.

  
NOTARY PUBLIC seal)

My commission expires:

8/31/2026

