

ACKERMANN
CREATIVE MANAGEMENT SERVICES
410-353-0429
FAX 410-257-9676

ARCHITECTURAL CHANGE
APPLICATION AND REVIEW FORM

Date received _____
Forwarded to _____
Date forwarded _____
Date approved _____
Date of notification to applicant _____

THIS APPLICATION IS NOT VALID AND WILL NOT AUTHORIZE ANY CONSTRUCTION OR BUILDING CHANGES **UNTIL** THE APPLICATION IS **RECEIVED** BY THE ARCHITECTURAL CONTROL COMMITTEE FOR YOUR COMMUNITY ASSOCIATION **AND** THE PROPOSED CHANGES AND/OR CONSTRUCTION IS **APPROVED**, IN WRITING, BY YOUR COMMUNITY ASSOCIATION.

UNIT OWNER _____ COMMUNITY _____
ADDRESS OF UNIT _____ PHONE _____
TYPE OF PROPOSED CHANGE, ADDITION, ALTERATION OR IMPROVEMENT _____

COLOR (IF APPLICABLE) _____
LOCATION (IF APPLICABLE) _____
DIMENSIONS (IF APPLICABLE) _____
MATERIAL SUPPLIER (IF APPLICABLE) _____
CONTRACTOR (IF APPLICABLE) _____
APPROXIMATE COST OF ARCHITECTURAL CHANGE _____

PLEASE USE THE BACK OF THIS FORM TO SKETCH ALL IMPROVEMENTS,
SHOWING LOCATION AND ALL DIMENSIONS (SCALE ONE BLOCK EQUALS ONE FOOT)

In applying for the above architectural change, I agree to follow to the best of my ability the changes described and to meet any and all codes, secure all permits or other requirements deemed necessary by County, State or other applicable authority, and complete work within six (6) months of approval.

OWNERS SIGNATURE _____ DATE _____

APPROVED ON: _____ DISAPPROVED ON: _____
APPROVED AS MODIFIED ON: _____
MODIFICATIONS OR REASON FOR DISAPPROVAL:

PRESIDENT _____ Date _____ CHAIRPERSON _____ Date _____
COMMUNITY ASSOCIATION _____ ARCHITECTURAL CONTROL COMMITTEE _____

RETURN THIS COMPLETED FORM TO ACKERMANN CREATIVE MANAGEMENT SERVICES
P.O. BOX 760, CHESAPEAKE BEACH, MD 20732

One block equals one foot

