

CROFTON MEADOWS

Homeowner's Association, Inc.

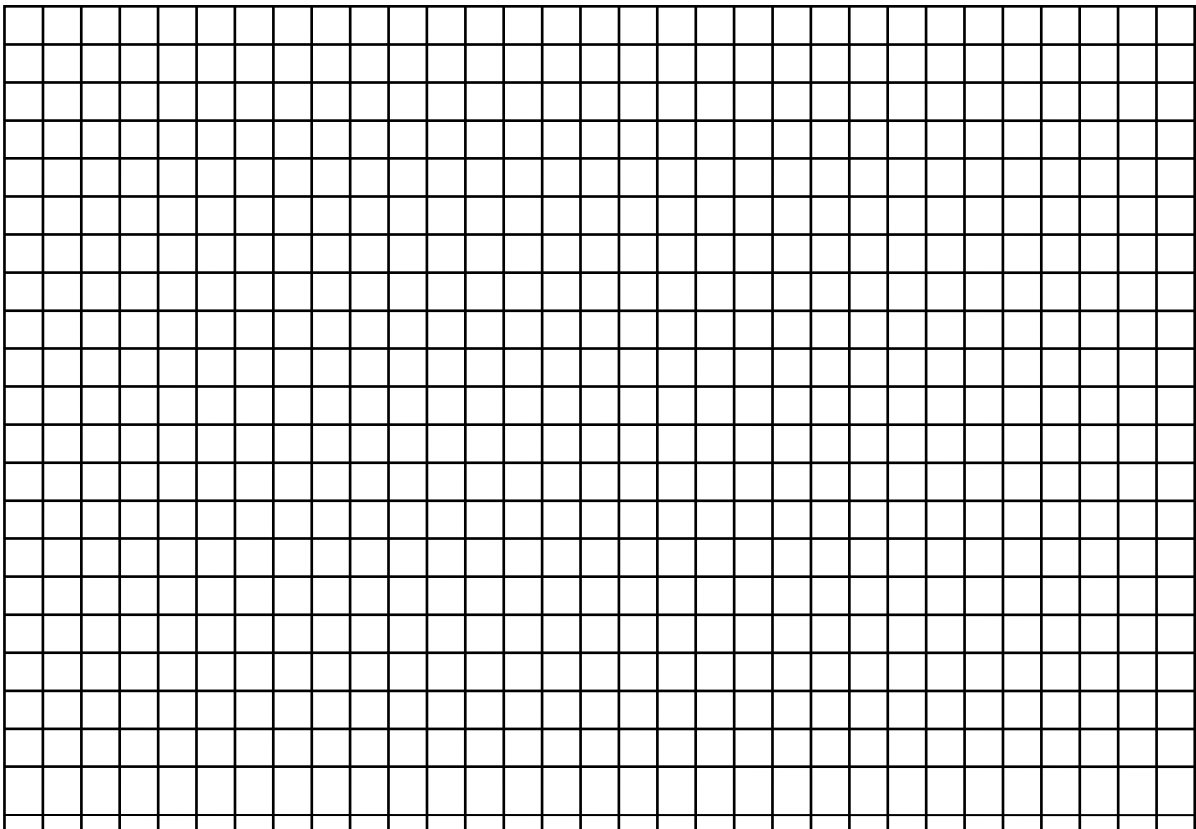
ARCHITECTURAL CHANGE REQUEST

(PLEASE PRINT CLEARLY)

OFFICE USE ONLY - RECEIVED BY:	
CMHOA	<input type="checkbox"/> _____
(other Association)	<input type="checkbox"/> _____ date

NAME	DAYTIME PHONE		
ADDRESS	CITY	STATE	ZIPCODE
DAYTIME PHONE	E-MAIL		

DRAW PROPOSED CHANGES/MODIFICATIONS BELOW OR PROVIDE A COPY OF YOUR CONTRACTOR'S PLAN DRAWINGS AND SPECIFICATIONS. PLEASE PROVIDE A PLAN VIEW (LOOKING DOWN) AND A SIDE VIEW, IF APPLICABLE.



PROCOM

Professional Community Management, Inc.
400 Serendipity Drive
Millersville, MD 21108
(410) 721-0777
(301) 261-0777
(410) 721-4854 (Fax)
www.procomgt.com



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PLEASE NOTE: THE CHANGES REQUESTED **ARE NOT** AUTHORIZED UNTIL THIS REQUEST IS SIGNED AND APPROVED BY THE ARCHITECTURAL CONTROL COMMITTEE. (NOTE: SOME HOMEOWNERS MAY ALSO REQUIRE APPROVAL FROM THEIR SUB-ASSOCIATION. ASK YOUR COMMUNITY'S BOARD OF DIRECTORS AND/OR MANAGING AGENT FOR MORE INFORMATION.)

IN THE CHANGE/MODIFICATION DESCRIPTION BELOW, PLEASE INCLUDE: PROPERTY LINES, DIMENSIONS, NATURE, KIND, SHAPE, COLOR AND OTHER APPLICABLE MATERIALS. PROVIDE MATERIAL SAMPLES AND PHOTOGRAPHS IF POSSIBLE.

PROVIDE A NARRATIVE DESCRIPTION OF CHANGES OR MODIFICATIONS:

THE CHANGES AS PROPOSED SHALL MEET ANY AND ALL CODES, PERMITS OR OTHER REQUIREMENTS DEEMED NECESSARY BY COUNTY, STATE, OR OTHER GOVERNMENTAL AUTHORITY. I WILL BE RESPONSIBLE FOR COMPLYING WITH ALL LICENSE, PERMIT OR CODE PROVISIONS REQUIRED BY LAW.

UNIT OWNER'S SIGNATURE

DATE

(AFTER SIGNING, SUBMIT TO PROCOM FOR APPROVAL BY THE ARCHITECTURAL CONTROL COMMITTEE.)

DISPOSITION:

- APPROVED**
- DENIED**
- APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:**

ProCOM

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THE ASSOCIATION IS NOT RESPONSIBLE FOR PERMITS, LICENSES OR ANY OTHER REQUIREMENTS CONTROLLED BY ANY GOVERNMENTAL AUTHORITY.

CHAIRMAN, CMHOA ARCHITECTURAL COMMITTEE

DATE

MAIL/EMAIL TO:

CROFTON MEADOWS HOA
C/O PROCOM
400 SERENDIPITY DRIVE
MILLERSVILLE, MD 21108

OR

TDENNY@PROCOMGT.COM

PROCOM

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