



## RIVERCREST HOMEOWNERS ASSOCIATION APPLICATION FOR ARCHITECTURAL CHANGE

Applicant Name(s): \_\_\_\_\_ Phone: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot# \_\_\_\_\_

**I. DIRECTIONS: (Please print or type)**

Please use area below to briefly describe all proposed improvements, alterations or changes to your lot or home. Attach required details by sketches, drawings, clippings, pictures, catalog illustrations and other data. Show location of item on your property on a copy of the survey. Include details of color(s), measurements, materials, and any other pertinent information.

**II. DESCRIPTION**

**A SEPARATE FORM MUST BE USED FOR EACH PROPOSED CHANGE.**

**III. SIGNATURES:**

Acknowledgement of at least four (4) property owners who are most affected -because they are adjacent and/or have a view of your change is needed. Their signatures indicate an awareness of your intent and does not constitute or indicate approval or disapproval.

Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	
Name _____	Lot# _____
Address _____ Telephone: _____	

**NOTICE: IN ORDER TO PROCESS YOUR APPLICATION YOU NEED TO PROVIDE THE ORIGINAL PLUS TWO (2) COPIES OF YOUR PAPERWORK (INCLUDING ATTACHMENTS).**

**\*\*\* NO OTHER FORM WILL BE ACCEPTED\*\*\***

**IV. OWNER'S ACKNOWLEDGEMENTS:**

- A. I understand ... that nothing herein shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions or building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.
- B. ... that no work on this request shall commence until written approval of the Architectural Control Committee has been received by me.
- C. ... that any construction or exterior alteration undertaken by me or in my behalf before approval of this application is not allowed: that, if alterations are made, I may be required to return the property to its former condition at my own expense if this application is disapproved; and, that I may be required to pay all legal expenses incurred AND that any approval is contingent upon construction or alterations being completed in a proper manner.
- D. ... that members of the Architectural Control Committee are permitted to make a routine inspection.
- E. ...that a copy of this application will be returned to me after review by the Architectural Control Committee.
- F. ...that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
- G. ... that the alteration authority granted by this application will be revoked automatically if the alterations requested have not commenced within 180 days of the approved date of this application and/or completed by the date specified by the panel.
- H. ... that all proposed improvements must meet county codes. My signature indicates that these standards are met to the best of my knowledge. I understand that application for a county building permit is my responsibility.
- I. ...that any variation from the original application must be resubmitted for approval.

OWNER/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OWNER/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- ATTACHMENTS:
- (1) Sketch, photo, catalog illustration, etc.
  - (2) Site plan or house location survey marked with change being requested.

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<b>FOR COMMITTEE USE ONLY:</b>	DATE RECEIVED: _____
APPROVED (Signature): _____	DATE: _____
DISAPPROVED (Signature): _____	DATE: _____
COMMENTS (Restrictions, additional requirements, reasons for disapproval): _____	
_____	
_____	

**Mail THREE (3) completed copies of your application and attachments to:**  
Clagett Management Company  
River Crest Homeowners Association  
Architectural Control Committee  
20 W. 3<sup>rd</sup> Street  
Frederick, MD 21701

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