

# QUEEN'S LANDING COUNCIL OF UNIT OWNERS

500 Queen's Landing Drive, Chester, MD 21619

Phone 410-643-5192 – FAX 410-604-2712

[www.queenslanding.org](http://www.queenslanding.org)

## ARCHITECTURAL CHANGE REQUEST (ACR)

Please complete all Homeowner's responsibilities of this form and drop off the completed form at the clubhouse office or mail it to the address above. You can also scan and email it to [office@queenslanding.org](mailto:office@queenslanding.org). Homeowner is responsible to review and initial all statements on page 2.

**ACR IS NOT CONSIDERED RECEIVED BY THE OFFICE WITHOUT CONFIRMATION OF RECEIPT DOCUMENTING DATE RECEIVED. (see page 3)**

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

Unit Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Draw proposed changes or modifications. Provide aerial and side views if possible.

Provide a narrative description of your proposed changes or modifications:

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- Attach the Contractor's Proposal / Estimate and a copy of the manufacturer's material specifications or provide a sample of materials, if available.
- **ALL Contractors must provide a copy of their current Contractor's license and proof of Insurance in order to work at Queen's Landing**
- Any requests to alter the physical structure of the building require that you submit detailed specifications / drawings from your Contractor with this request in order for the request to be considered.

**Homeowner must initial acknowledgment of each of the following statements:**

\_\_\_\_\_ I understand that as the homeowner I am required to have my Contractor meet with the Association Manager or her/his designee prior to the start of any work being done on Queen's Landing property. This ensures that the Queen's Landing Office has proper Certifications and Insurance documentation on the Contractor.

\_\_\_\_\_ I understand that I, as the homeowner, am responsible for all costs and any damages Resulting from or relating to the installation of the proposed change. I further understand that future maintenance and repair will be in accordance with the Queen's Landing By-laws, Chart of Maintenance Responsibilities (By-law Exhibit B), and Maryland law should this proposal change be approved.

\_\_\_\_\_ I further understand that responsibility for maintenance and repair of the proposed change shall pass on to all future owners of the unit as stated above.

\_\_\_\_\_ The proposed changes must meet any and all codes, permits or other requirements deemed necessary by County, State or other Governmental authority.

\_\_\_\_\_ I, as the homeowner, will be responsible for complying with all licenses, permits or code provisions as required by law.

\_\_\_\_\_ I, as the homeowner, understand the Queen's Landing Council of Unit Owners is not responsible for obtaining any permits, licenses or any other requirements controlled by any Government agency / authority.

\_\_\_\_\_ I, as the homeowner, understand that the changes requested ARE NOT AUTHORIZED until the Queen's Landing Covenants Committee approves this request and **I WILL NOT PROCEED WITH ANY WORK UNTIL I RECEIVE WRITTEN APPROVAL.**

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

\_\_\_\_\_  
Homeowner Signature / Date

\_\_\_\_\_  
Contractor Signature / Date



\_\_\_\_\_  
Board of Directors Authorization (Print name and sign)

\_\_\_\_\_  
Date

**DENIAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work completed for this ACR was evaluated for compliance purposes by:

\_\_\_\_\_  
Queen's Landing Authorized Personnel (print name and sign)

\_\_\_\_\_  
Date

**FOLLOW UP IF NECESSARY:**

(Indicate what needs to be done and by whom)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Queen's Landing Authorized Personnel (print name and sign)

\_\_\_\_\_  
Date