

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

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. 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:

- 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, future maintenance and any damages resulting from or relating to the installation of the proposed request if it is approved. This is in accordance with the Queen's Landing By-laws and Chart of Maintenance Responsibilities.

_____ I further understand that such responsibilities pass on to all future owners of the unit.

_____ 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 nay 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

Note: This ACR is null and void unless written acknowledged receipt is provided below.

The undersigned acknowledges receipt of this ACR on behalf of Queen's Landing:

Received by: _____
Queen's Landing Authorized Personnel (print name and sign) **Date:** _____

REVIEW PROCESS:

Date: _____ Approval ____ Conditional Approval* ____ Denial
Chairperson, Covenants Committee

Date: _____ Approval ____ Conditional Approval* ____ Denial
Chairperson, Maintenance Committee

Date: _____ Approval ____ Conditional Approval* ____ Denial
Board Liaison, Landscaping Committee

***CONDITIONAL APPROVAL SPECIFICATIONS:**

Note: In the event all those responsible for review do not agree to approve or deny this request, the Covenants Committee Chairperson or his/her designee shall bring the matter before the Queen's Landing Board of Directors for resolution at the next scheduled monthly Board Meeting.

BOARD OF DIRECTORS ACTION:

_____ Approved _____ Denied (refer to page 4)

_____ Approved subject to the following conditions:

_____ 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)

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