

QUEEN'S LANDING COUNCIL OF UNIT OWNERS

500 Queens Landing Drive, Chester, MD 21619

Phone: 410.643.5192 – Fax: 410.604.2712

ARCHITECTURAL CHANGE REQUEST

Please complete pages 1 and 2 of this form and either drop it off at the clubhouse office or mail it to the address above. Homeowner is responsible to review and initial all statements on page 2.

Name _____ Date _____

Unit Address _____ Phone Number _____

Draw proposed changes or modifications below. Provide an aerial view and side view, 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. 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.

Initial your acknowledgement of each of the following statements:

_____ I understand that as the homeowner, I am required to have my Contractor meet with the Property Manager or her designee prior to the start of any work being done on Queens 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 will be responsible for complying with all licenses, permits or code provisions as required by law.

_____ I 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 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

RECOMMENDATIONS:

Date _____ _____ Approval ___ Conditional Approval ___ Denial
Chairperson, Covenants Committee

Date _____ _____ Approval ___ Conditional Approval ___ Denial
Board Liaison, Buildings & Structures

Date _____ _____ Approval ___ Conditional Approval ___ Denial
Board Liaison, Grounds

*CONDITIONAL APPROVAL SPECIFICATIONS:

NOTE: In the event all of the above recommendations 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 (see reason(s) for denial on page 4)

_____ Approved subject to the following conditions:

_____ Board of Directors Authorization (Print name and sign)

_____ Date

DENIAL:

The 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, by whom and by when)

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

Date