

ARCHITECTURAL CHANGE REQUEST FORM

MTM MANAGEMENT ASSOCIATES

COMMUNITY MANAGEMENT SPECIALISTS

26221 RIDGE ROAD

P.O. BOX 506

DAMASCUS, MARYLAND 20872-0506

(301) 253-1222

FAX (301) 253-1721

TIME SENSITIVE REQUEST

TO: DESIGN REVIEW COMMITTEE DATE:

ASSOCIATION NAME: SHADY GROVE VILLAGE

HOMEOWNER'S NAME: HOME PHONE:

PROPERTY ADDRESS: WORK PHONE:

In accordance with the Declaration and Bylaws referred to in the deed covering the property described below, I/We hereby apply for written consent to make the following exterior alterations or changes to the premises.

GENERAL DESCRIPTION OF IMPROVEMENT/CHANGE REQUESTED:

(ATTACH SKETCH SHOWING DESIGN, MATERIALS, DIMENSIONS, COLORS AND ELEVATION IN DETAIL)

ANTICIPATED COMPLETION TIME OF THIS CHANGE:

EXTERIOR PAINT COLOR:

AREA TO BE PAINTED:

(INCLUDE SKETCH OF AREAS AND COLORS TO BE USED)

DECKS:

(INCLUDE DIAGRAM, DIMENSIONS, MATERIALS TO BE USED, ETC.)

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FENCING: _____

(INCLUDE PLOT PLAN SHOWING LOCATION OF FENCE, HEIGHT AND MATERIALS TO BE USED, FENCING MUST BE BOARD ON BOARD 1" X 6" CONSTRUCTION, FENCE GATES MUST BE 1" X 6" BOARD CONSTRUCTION WITH CRESCENT SHAPED TOP FINISH)

SATELLITE - PROPOSED LOCATION, TYPE AND DIMENSIONS: _____

REQUESTOR'S SIGNATURE(S): _____ DATE: _____

_____ DATE: _____

PLEASE BE ADVISED THAT THE ARCHITECTURAL COMMITTEE HAS THIRTY DAYS UPON RECEIPT TO OBTAIN A DECISION ON ALL REQUESTS FOR CHANGES AND IMPROVEMENTS.

NOTE TO REQUEST OF CHANGE: PRIOR TO MAILING THIS FORM, IT IS HIGHLY RECOMMENDED THAT YOU RETAIN A COPY FOR YOUR RECORDS.

ALL APPROVALS ARE FOR CONFORMITY TO GOOD DESIGN ONLY. THE REVIEWING COMMITTEE DOES NOT TAKE THE RESPONSIBILITY FOR BUILDING PERMITS, PROPERTY LINE ACCURACY, ENGINEERING, WATERFLOW AND/OR ANY OTHER AREAS REQUIRING PROFESSIONAL OR TECHNICAL ADVICE OR APPROVAL.

DECISION SUMMARY: _____

DATE: _____

REASON FOR DISAPPROVAL: _____

NOTES: _____