

# SPRING RIDGE CONSERVANCY ARCHITECTURAL CHANGE APPLICATION

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_ I Rent I Own \_\_\_\_\_

Owners' Address If Different From Above: \_\_\_\_\_

APPLICATIONS MUST BE RECEIVED BY 4:30 PM ON THE FRIDAY BEFORE EACH MONTH'S ACC MEETING

## ARCHITECTURAL CHANGE ONE

## ATTACH ALL THE FOLLOWING INFO

- Deck (include railing and stair details)
- Fence (include gate and style details)
- Storm Door
- Other - Specify \_\_\_\_\_

- Plat showing location of change (not required for storm doors or painting)
- Detailed materials list, discription, drawings
- 2 copies of package (Original & 1 copy)

APPROXIMATE START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**NOTE: ONCE THE CHANGE HAS BEEN COMPLETED PLEASE NOTIFY MANAGEMENT AT 301-620-0782 SO THAT A COMPLIANCE INSPECTION CAN BE DONE TO INCLUDE IN YOUR FILE.**

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary building permits, variances and/or observing all local zoning ordinances. If approved by the Architectural Committee, I agree to make the changes under the terms and conditions specified in the letter of approval. All improvements must be on my property or property lines. If any portion of the Association's property is disturbed or damaged by either myself or my contractor, then I agree to be held responsible for the same and to restore the common elements to their original condition(s). You will be notified in writing of the decision of the Committee within forty-five (45) days of our receipt of the application. By approving this request, the Board of Directors is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise from the change in the property.

**SIGNATURE OF OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN TO:** SPRING RIDGE CONSERVANCY, INC.  
9090 RIDGEFIELD DRIVE, FREDERICK, MD 21701-5866

### FOR COMMITTEE USE ONLY

APPLICATION # \_\_\_\_\_

Your request for the above alteration has been:

APPROVED WITHOUT EXCEPTION

APPROVED WITH CONDITIONS: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

NO ACTION - ADDITIONAL INFO NEEDED: \_\_\_\_\_

COMMITTEE MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_