Park Overlook Townhomes Association, Inc.
ARCHITECTURAL REQUEST APPLICATION

Owners Name: _____ Property Address: _____

Owner's Mailing Address(if different than above): _____

Home Phone: _____ Work/ Cell Phone: _____ Email: _____

DESCRIPTION OF PROPOSED EXTERIOR CHANGE OR ALTERATION. Please outline in detail all proposed improvements, alterations or changes to your lot or home. Include color(s) sizes (s) specification, materials, location and other pertinent information regarding your request. **NOTE: You *must* include a site plan or survey showing where improvements are located.** If the work is to be performed by someone other than the Homeowner, please provide the contractor's name and telephone number if known. Attach a separate sheet if more space is needed. Representatives of the Association, the Board and the managing agent may perform a site visit during the review of this application and may use digital photographs to argument the information already provided. **You will be notified in writing of the decision of the Association, within thirty (30) days of receipt of a *complete* application.**

Description of Project: _____

_____

_____

_____

Estimated beginning date: _____ Projected completion date: _____

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 Association, I agree to make the changes under the terms and conditions as specified in the approval letter and any accompanying documentation. All improvements must be on my property or property lines. If any portion of the Association property is disturbed or damaged by either my contractor, or myself then I agree to be responsible for and to restore the common elements to their original condition(s). The Declarant, The Board of Directors, and Park Overlook Townhomes Association are not responsible for the safety, construction, operation, maintenance, accidents, injuries, or other claims that may arise from the proposed change in the property.

Signature of Applicant: _____ Date: _____

PLEASE RETURN TO:

Park Overlook Townhomes Association, Inc.
ATTN: Michelle Showers
115 N. Queen Street
Martinsburg, WV 25401
Email: mshowers@clagett.com

COMMITTEE USE ONLY: **Received on:** _____ (DATE) **Reviewed on:** _____ (DATE)

Your request for the above change, addition or improvement has been:

_____ Approved per the conditions on the attached letter and any accompanying documentation
_____ Denied per the reasons stated in the attached letter
_____ Denied, no action was taken or review as additional information is still required.