PARK OVERLOOK TOWNHOMES ASSOCIATION, INC.
ARCHITECTURAL CHANGE REQUEST FORM

Name _____
Property Address _____
Owner's Mailing Address (if different) _____
City, State, Zip (if other than Hagerstown) _____

Home Phone _____ Daytime Phone _____ Email: _____

DESCRIPTION of PROPOSED EXTERIOR CHANGE OR ALTERATION: Please attach a detailed description of all Improvements, a1terations or changes you are proposing to your lot or home. In order for the Committee/Board of Directors to make a decision please include color(s), size(s), specifications, materials, location and any other pertinent information. Please be as specific as possible. On the back of this form or on a separate sheet of paper, sketch the proposed alteration as it will appear when completed. **You will be notified in writing of the decision of the Committee/Board of Directors within thirty (30) days of receipt of your completed documents**. By approving this request, the Committee/Board of Directors is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise throughout any stage of this change or thereafter.

Estimated Beginning Date _____ Estimated Date of Completion _____

I understand that approval of proposed change(s) 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 Committee/Board of Directors, I agree to make the changes under the terms and conditions as specified in the approval document. I understand that all improvements must be on my property or property lines. I agree to accept responsibility for any and all disturbance or damage to Association's property by either my contractor(s) or myself.

Signature of Homeowner _____ Date _____

SUBMIT COMPLETED DOCUMENTATION TO:

Park Overlook HOA
% Clagett Management
7540 North Market Street
Frederick, MD 21701

Fax: 301-695-9557 / Email: kschroyer@clagett.com

COMMITTEE/BOARD OF DIRECTIONS USE ONLY:

Date Received:

Your request for the above addition or alteration has been:

- ☐ Approved without exception
- ☐ Approved with the following terms and conditions:
- ☐ Denied for the following reason(s):

By: (Signatures)	(Printed Names)	(Date)
_____	_____	_____
_____	_____	_____
_____	_____	_____