

**PARK SUMMIT
APPLICATION FOR ARCHITECTURAL CHANGE**

INSTRUCTIONS:

1. Provide information & attachments as requested on both sides of this form.
2. Mail the completed form (**SEND ORIGINAL PLUS ONE COPY OF BOTH FORM AND ATTACHMENTS**) to:

**Park Summit Homeowners Association, ACC, c/o Vanguard Management, P.O. Box 39,
Germantown, MD 20875-0039** (Telephone (301) 540-8600)

From Homeowner: _____ Park Summit Address: _____

Telephone: (Home) _____ (Work) _____

A. DESCRIPTION OF PROPOSED CHANGE: (Please print or type)

NOTE: A separate form must be submitted for each proposed change.

Briefly describe the proposed improvement, alteration, or change to your lot or home. Include details of color(s), measurements, material (and samples), and any other pertinent information. (Refer to the Architectural Guidelines.)

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B. ATTACHMENTS: Attach sketches, drawings, catalog pictures, photographs, or other types of illustrations of the proposed change. (Refer to the Architectural Guidelines for more information.)

C. PROPERTY SURVEY: Attach a copy of your property survey (plat) marked with the location of the proposed change, if the change involves construction of a shed, fence, patio, landscaping, trees, etc. (i.e., roofing, siding, storm doors, shutters/door/trim repainting does not require a plat). If in doubt, attach a copy to avoid delays in reviewing the application.

D. SIGNATURES: You are required to obtain signatures of acknowledgement from at least four (4) property owners who are most affected because they are adjacent to your property and/or have a view of your change. Their signatures indicate an awareness of your intent and do NOT constitute or indicate approval or disapproval.

Name _____ Address _____ Lot # _____

Name _____ Address _____ Lot # _____

Name _____ Address _____ Lot # _____

Name _____ Address _____ Lot # _____

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E. OWNER'S ACKNOWLEDGEMENTS:

1. I understand that, before submitting this application, I should read the Covenants' descriptions of the architectural requirements and the Board of Directors' Architectural Control Committee (ACC) review process.
2. I understand that work on this request may **not** begin until I receive written approval of the ACC.
3. I understand that, if alterations are made before I receive ACC approval, and if this application is disapproved, I may be required to return the property to its former condition at my own expense and I may be required to pay all legal expenses incurred.
4. I understand that a copy of this application will be returned to me after review by the ACC.
5. I understand that the ACC's permission to make the proposed change, if granted, will be revoked automatically if the alterations requested have not begun within 180 days of the approved date of this application and/or been completed by the date specified by the ACC.
6. I understand that all proposed improvements must meet county codes. My signature indicates that these standards are met to the best of my knowledge. I understand that application for a county building permit is my responsibility.

Owner/Applicant Signature _____ **Date** _____

Co-Owner/Applicant Signature _____ **Date** _____

NOTE: Incomplete forms will be returned to homeowner for completion.

FOR COMMITTEE USE ONLY

Date received _____

Approved _____ Date _____

Disapproved _____ Date _____

Comments _____
