

ARCHITECTURAL CHANGE APPLICATION
for
Crofton Towne Property Regime 9

Date received: _____

Please mail by the _____ of the month your completed application and all attachments to:

The Architectural Control Committee of
Crofton Towne Property Regime 9.
ProCom
1111 Benfield Blvd., Ste. 110
Millersville, MD. 21108

ATTENTION HOMEOWNERS: If you have any questions or comments, please contact ProCom on (410) 721-0777.

According to the documents, the Board of Directors has 30 days in which to respond to a request.

(PLEASE PRINT OR TYPE)

Name _____

Address _____

Phone No. (day) _____ (evening) _____

Please check all categories that apply to the description of changes.

Deck (DK)_____	Fence (FE)_____	Door (DR)_____
Planting (PL)_____	Shed (SD)_____	Painting (PT)_____
Windows_____	Shutters_____	Siding_____
Other_____		

Description of Changes: Give full details of work to be completed: submit plans and specifications showing the nature, shape, height, materials and location of any alteration. If the modification is for:

- (a) Change in paint color, attach a sample of the paint or stain.
- (b) For windows, siding, deck, attach any pictures, brochures, contractor proposal.
- (c) For siding and shutters, include samples/colors
- (d) Ground planting, fencing, deck, etc., attach a drawn-to-scale sketch, contractor proposal, etc.

UPON REQUEST, ALL SAMPLES WILL BE RETURNED.

APPROVED

DENIED

APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:

Approval is subject to obtaining all necessary permits.

Chairman, Architectural Committee Date

PROJECT IS COMPLETE. RE-INSPECTION DATE_____

When the architectural change has been completed, it will be re-inspected to determine that the work has been done in accordance with the request.

APPROVED

DENIED

APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:

Chairman, Architectural Committee Date