

**THE LANDINGS AT RIVER OAKS HOA, INC.  
ARCHITECTURAL CHANGE REQUEST**

Homeowners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Date of Submission: \_\_\_\_\_

Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description: (To avoid any delay on the request, be as specific as possible with details, measurements, color, shape, pictures, location, materials, style, etc. Submit drawings on a separate sheet of paper.)

**Note: Review Declaration of Covenants, Conditions and Restrictions: Article II, (Covenants, Conditions and Restrictions), Section 2.2 (Architectural Review), paragraphs (a) through (g) apply. In addition Sections 2.3 through 2.25, as appropriate for proposed architectural changes, apply.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Anticipated Commencement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Copy of Permits Needed:

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

I (we) understand and acknowledge that I (we) am (are) responsible for complying with the architectural change request as approved by the Architectural Review Committee (ARC), applicable building codes and ordinances, and for obtaining all necessary permits and inspections for the requested architectural change. I (we) also understand that, in some cases, including but not limited to the installation of fences and patios, a property boundary survey may be required. I (we) further, understand and acknowledge that I (we) am (are) responsible for all maintenance, repair and upkeep of the approved architectural change once completed.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Co-Owner

As a courtesy, please advise your adjoining and any impacted neighbors of your intended project and have them sign below where indicated (if necessary, attach an extra sheet of paper). Their signatures do not constitute approval of the project, only that notification of your intended architectural change has been made.

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

\_\_\_\_\_  
Signature of neighbor/address

**To mitigate any turf and/or property damage, limited use of vehicles on Common areas should be exercised. Therefore, before releasing the final payment to any contractor(s) involved in your project, ensure that no turf or property damage has incurred in the Common areas (Declaration of Covenants, Conditions and Restrictions, dtd January 30, 2003, Article I, paragraph 1.3 applies). Any such damage is the responsibility of the homeowner to repair.**

Please submit one (1) completed copy of your request and applicable drawings c/o ProCom Management, **400 Serendipity Drive, Millersville, Maryland 21108**. Upon receipt, the ARC will review the Architectural Change Request to determine if it is in compliance with the current HOA bylaws and restrictions. Prior to approval an ARC member(s) may meet with you at your home to review details of the project. In some cases, when property boundaries may be in question, a property boundary survey may be required. Architectural Changes that will require a border survey include but may not be limited to the installation of fences and patios.

**Reminder: Changes to the approved Architectural Change Request are not authorized without prior approval of the ARC. A new or modified Architectural Change Request must be submitted and approved by the ARC prior to any deviation in the original Architectural Change Request. When the approved architectural change has been completed, an ARC member(s) will make a follow up visit to your home to ensure that the architectural change is in accordance with the ARC approved Architectural Change Request.**

**Architectural Review Committee Action**

Approved

Approved with exceptions as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deferred and returned for more information; Additional information required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disapproved; Reason for disapproval: \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

Date: \_\_\_\_\_