



BY SUBMITTING THIS APPLICATION I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. THE CHANGES AS PROPOSED SHALL MEET ANY AND ALL CODES, PERMITS OR OTHER REQUIREMENTS DEEMED NECESSARY BY CITY, COUNTY, STATE OR OTHER GOVERNMENTAL AUTHORITY. I WILL BE RESPONSIBLE FOR COMPLYING WITH ALL LICESNSES, PERMITS OR CODE PROVISIONS REQUIRED BY LAW. IF APPLICABLE, A BUILDING PERMIT FROM ANNE ARUNDEL COUNTY SHALL BE OBTAINED PRIOR TO THE COMMENCEMENT OF ANY PROPOSED CHANGES.
2. NO WORK ON THIS PROPOSED CHANGE SHALL COMMENCE UNTIL I RECEIVE WRITTEN APPROVAL FROM THE ARCHITECTURAL CONTROL COMMITTEE.
3. I REPRESENT AND WARRANT THAT THE PROPOSED CHANGES HEREIN REQUESTED STRICTLY CONFORM TO THE APPROPRIATE ARCHITECTURAL GUIDELINES AND THAT THESE CHANGES SHALL BE MADE IN STRICT CONFORMANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED BY ME.
4. I UNDERSTAND THAT NO ACTION BY THE ARCHITECTURAL REVIEW COMMITTEE WILL BE TAKEN ON THIS REQUEST UNTIL ALL ASSESSMENTS DUE FROM ME TO THE ASSOCIATION ARE PAID IN FULL THROUGH THE CURRENT DATE.
5. I HEREBY GRANT PERMISSION FOR THE MEMBERS OF THE BOARD OF DIRECTORS AND THE ARCHITECTURAL CONTROL COMMITTEE TO ENTER UPON THE REFERENCED PROPERTY TO PERFORM ALL NECESSARY INSPECTIONS AND TO TAKE MEASUREMENTS NEEDED TO PROCESS THIS APPLICATION.

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Date

(AFTER SIGNING, SUBMIT TO PROCOM FOR APPROVAL BY THE ARCHITECTURAL CONTROL COMMITTEE.)

DISPOSITION:

APPROVED

DENIED

APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:

---



---



---

*Seabreeze of Annapolis, CA is not responsible for permits, licenses or any other requirements controlled by any governmental authority. They are solely the responsibility of the Homeowner(s).*

\_\_\_\_\_  
Chairman, Architectural Committee

\_\_\_\_\_  
Date

MAIL TO:

**PROCOM**

**1111 Benfield Blvd. Suite 110, Millersville MD 21108**

**OR FAX TO 410-721-4854**